DOCUMENT RESUME

ED 364 947 EA 025 477

TITLE	Ensuring Student Success through Collaboration: Summer Institute Papers and Recommendations of the Council of Chief State School Officers, 1992.
INSTITUTION	Council of Chief State School Officers, Washington, D.C.
REPORT NO	ISBN-1-884037-01-1; ISSN-1072-5288
PUB DATE	93
NOTE	134p.
AVAILABLE FROM	Council of Chief State School Officers, One Massachusetts Avenue, N.W., Suite 700, Washington, DC 20001-1431 (free).
PUB TYPE	Collected Works - Conference Proceedings (021)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Agency Cooperation; Child Welfare; *Educational Cooperation; Elementary Secondary Education; Family School Relationship; Human Services; *School Community Relationship; *Social Services; State Agencies

ABSTRACT

This volume contains papers that were commissioned for the 1992 Council of Chief State School Officers (CCSSO) Summer Institute. These papers form the basis for the CCSSO's study of school-community collaboration, which focuses on the role of the community in ensuring the success of all students. Following the acknowledgements and introduction, the papers include: (1) "Community Support for Student Success" (Lisbeth B. Schorr); (2) "Changing the System for Children's Services: Building Linkages with Schools" (Michael W. Kirst); (3) "Pushing the Boundaries of Education: The Implications of a Youth Development Approach to Education Policies, Structures, and Collaborations" (Karen J. Pittman and Michelle Cahill); (4) "Current Human Service Reforms" (Ruth Massinga); (5) "Taking a Family-Centered Approach" (Judy Langford Carter); (6) "Funding Initiatives for School-Linked Family Services" (Frank Farrow); (7) "Collaborating to Meet the Readiness Agenda: Dimensions and Dilemmas" (Sharon L. Kagan); (8) "Collaboration for Young Adolescents: Transforming Middle-Grades Education" (Frank A. Loda); (9) "Comprehensive School Health Services: Does It Matter and Is It Worth the Fight?" (M. Joycelyn Elders and Jennifer Hui); (10) "Savannah's New Futures Initiative: Getting to the Root of the Dandelion" (Otis S. Johnson); and (11) "The Walbridge Caring Communities Program" (Khatib Waheed). An appendix contains the CCSSO policy statement, "Student Success through Collaboration." (LMI)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 364 947

ENSURING STUDENT SUCCESS THROUGH COLLABORATION

SUMMER INSTITUTE PAPERS AND RECOMMENDATIONS OF THE COUNCIL OF CHIEF STATE SCHOOL OFFICERS

1992

EA 025477

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY

J.P. Goldman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Ensuring Student Success Through Collaboration: Summer Institute Papers and Recommendations of the Council of Chief State School Officers

Council of Chief State School Officers
1992

COUNCIL OF CHIEF STATE SCHOOL OFFICERS (CCSSO)

The Council of Chief State School Officers (CCSSO) is a nationwide non-profit organization of the 57 public officials who head departments of public education in every state, the District of Columbia, the Department of Defense Dependents Schools, and five extra-state jurisdictions. CCSSO seeks its members' consensus on major educational issues and expresses their views to civic and professional organizations, federal agencies, to Congress, and to the public. Through its structure of standing and special committees, the Council responds to a broad range of concerns about education and provides leadership on major education issues.

Because the Council represents the chief education administrators, it has access to the educational and governmental establishment in each state and to the national influence that accompanies this unique position. CCSSO forms coalitions with many other education organizations and is able to provide leadership for a variety of policy concerns that affect elementary and secondary education. Thus, CCSSO members are able to act cooperatively on matters vital to the education of America's young people.

The CCSSO Resource Center on Educational Equity provides services designed to achieve equity and high quality education for minorities, women and girls, and for disabled, limited English proficient, and low-income students. The Center is responsible for managing and staffing a variety of CCSSO leadership initiatives to assure education success for all children and youth, especially those placed at risk of school failure.

Council of Chief State School Officers
Werner Rogers (Georgia), President
Alan D. Morgan (New Mexico), President-Elect
Gordon M. Ambach, Executive Director
Cynthia G. Brown, Director, Resource Center on Educational Equity

One Massachusetts Avenue, N.W.
Suite 700
Washington, DC 20001-1431
(202) 408-5505

Copyright 1993 by the Council of Chief State School Officers
ISBN 1-884037-01-1
ISSN 1072-5288

Table of Contents

Acknowledgements i

Introduction. iii

Community Support for Student Success. 1
Lisbeth B. Schorr

Changing the System for Children's Services: Building Linkages with Schools 9
Michael W. Kirst

Pushing the Boundaries of Education: The Implications of a Youth Development Approach to Education Policies, Structures, and Collaborations 17
Karen J. Pittman and Michelle Cahill

Current Human Service Reforms 29
Ruth Massinga

Taking a Family-Centered Approach 37
Judy Langford Carter

Funding Initiatives for School-Linked Family Services 47
Frank Farrow

Collaborating to Meet the Readiness Agenda: Dimensions and Dilemmas 57
Sharon L. Kagan

Collaboration for Young Adolescents: Transforming Middle-Grades Education 67
Frank A. Loda

Comprehensive School Health Services: Does It Matter and Is It Worth the Fight? 75
M. Joycelyn Elders and Jennifer Hui

Savannah's New Futures Initiative: Getting to the Root of the Dandelion 89
Otis S. Johnson

The Walbridge Caring Communities Program 101
Khatib Waheed

Appendix A: Student Success Through Collaboration
A Policy Statement of the Council of Chief State School Officers 123

ACKNOWLEDGEMENTS

We wish to express our gratitude to the many people who helped to produce this document. The CCSSO Task Force on Student Success Through Collaboration, co-chaired by William T. Randall, Colorado Commissioner of Education, and John Ellis, then New Jersey Commissioner of Education, was responsible for directing the Council's work on school-community collaboration.

The members of the Task Force on Student Success Through Collaboration included: Raymond G. Arveson (Louisiana), Celeste Benitez (Puerto Rico), Judith A. Billings (Washington), Gerald Covey (Alaska), Linda Creque (Virgin Islands), Bob R. Etheridge (North Carolina), Jerry L. Evans (Idaho), Nancy S. Grasmick (Maryland), William L. Lepley (Iowa), Joseph E. Lutjeharms (Nebraska), Gene Mammenga (Minnesota), Lionel R. Meno (Texas), Charles E. Smith (Tennessee), Franklin L. Smith (District of Columbia), Charles Toguchi (Hawaii), and Lealofi Uiagalelei (American Samoa). The Council is indebted to the members of the Task Force for the leadership they provided in shaping the Council's work in this area. Gordon M. Ambach, Executive Director of the Council, guided the development of the several Council initiatives and publications to date that have focused on collaboration to ensure success for all children and youth. These activities have been staffed by the Council's Resource Center on Educational Equity under the direction of Cynthia G. Brown. The manuscript was edited by Bill Shepardson.

The Council is especially grateful to the contributing authors of this publication. We appreciate their willingness to help chief state school officers and their staffs better understand the challenges and opportunities posed by collaboration among schools, families, and communities. We would also like to express our appreciation to Janet Levy, whose advice was invaluable in helping us design the program of the 1992 Summer Institute.

Finally, we thank the Danforth Foundation, Carnegie Corporation, and the Centers for Disease Control for their generous financial support, which allowed us to commission and publish these papers. The opinions expressed in this document are the Council's and the contributing authors' and do not necessarily represent those of the sponsors.

INTRODUCTION

> Whole communities have to take responsibility for supporting families as they nurture their children and for helping to ensure children's success... Partnerships with the community must be seen by schools and school personnel as part of the solution and not another burden they are being asked to carry... Developing effective supports and services requires changes that go well beyond better linkages and coordination between schools and human services and that extend to changes in the nature and quality of services and supports available.

THE 1992 SUMMER INSTITUTE

These words, spoken by Lisbeth Schorr at the 1992 CCSSO Summer Institute, set the tone for a week of deliberations about school-community collaboration and the role of the nation's chief state school officers in ensuring all children and youth are afforded the support and opportunity necessary for a life of success and contribution.

The 1992 CCSSO Summer Institute was a key event in a year-long study of these issues by the Council's membership intended to develop a deeper understanding of the dynamic among schools, families, and communities that results in healthy development and successful transition to productive adulthood for all young people.

The papers in this volume were commissioned for the Institute, which was held in St. Louis, Missouri, July 26-30, 1992. Taken together, they formed the basis for the chief state school officers' study and discussion of the best and latest research and experience in school-community collaboration. These papers and the exchanges among the authors and chief state school officers at the Institute served as a foundation for the Council's 1992 policy statement, *Student Success Through Collaboration*.

The policy statement, adopted unanimously by the Council membership in November 1992, outlines principles and strategies for collaborative action to prepare all students for productive employment, healthful lifestyles, knowledgeable and contributing citizenship, strong family formation, and other adult responsibilities. It is included as Appendix A.

THE STATE EDUCATION AGENCY CHALLENGE

A number of state education agencies are working to advance family-centered approaches to ensuring success for all young people and to develop the administrative, fiscal, and governance structures needed to implement innovative policy. The work of these SEAs has the potential for enormous impact on how schools contribute to community-based systems of services that support academic success and well-being. Innovative state efforts can also influence the development of federal policy that is supportive of children and families.

However, it is increasingly clear that changing the quality and nature of the support available to children and their families on a broad scale requires state education agency staff to develop new capabilities and work in different ways. This challenge is related to the fact that our nation is in the midst of profound change in the way education, health, and other human services are delivered to children and families. In one sense, the parallel reforms in the systems serving children and families present a remarkable opportunity; the similarity in the goals and directions of attempts to better serve children and families is striking.

The breadth of the changes that are occurring also presents a serious challenge. Child- and family-serving agencies are being called on to figure out how to finance and deliver effective services for children and families in a constantly changing environment. State education and other agencies need to develop the in-house capacity to understand how other systems operate, if decisions are to be made with consideration of shared goals and reciprocal effects of current and planned actions.

The Council of Chief State School Officers is committed to assisting chiefs, state education agency staff, and other state personnel to implement the recommendations contained in these papers and the strategies for action outlined in our 1992 policy statement. State education agencies have a unique opportunity to build relationships across sectors and among the various levels of government. Without concerted efforts on the part of all those institutions, education success and healthy development for all will not be realized.

Community Support for Student Success

Lisbeth B. Schorr
Harvard University Project on Effective Services

The nation is resounding with rhetoric that all American children must grow up with the skills they need to assure a decent future for themselves and for the nation. This is a time of unprecedented concern about America's domestic welfare. The business community worries about the shrinking pool of youngsters with the skills to operate in today's high-tech economy. Each year, more children lack the supports they need to become functioning adults. Current rates of school failure, alienation, drug dependency, unmarried teenage childbearing, and violent crime are a threat to the very future of our society.

We are also in the midst of a crisis of confidence about whether American institutions, particularly government institutions, can be made to work, whether they can be mobilized to solve our most urgent problems. The question now is whether the crises in our cities, in our families, and among our young have become so intolerable, so embarrassing to the country and so expensive, that they become the launching pad for action on a scale that matches the seriousness of the problem. Or will these crises continue to paralyze us?

Columnist William Raspberry (1991) wrote: "You don't have to be mean-spirited to walk away from social problems. All it takes is the certainty that nothing can be done to solve them." But I think the sense of helplessness and despair is beginning to loosen its hold. Increasingly around the United States, child and family issues are rising priorities. Influential people are asking, What can be done? How can we join to create a world-class work force? How can we strengthen beleaguered families and re-create a sense of community in America? And how do we do this in the face of the dramatic social, demographic, and economic forces of the last 20 years — changes that have radically transformed American life?

Socioeconomic Changes

We know we can't turn back the clock. Families are smaller and more isolated, more children live with only their mothers, and more mothers find they must work outside the home to make ends meet. Industry has abandoned the cities, and the incomes of young families with children have plummeted — by one third, just between 1973 and 1990.

During the first half of this century, when there was an expanding demand for unskilled labor, moving out of poverty didn't require the degree of skill and competence it does now. Because the routes out of poverty were plentiful, school failure for a child did not result in economic failure as an adult.

Today, however, the jobs that require more brawn than school learning — jobs that used to bring young men, with or without a high school diploma, with or without skills, into the labor market as soon as they left school — those jobs are now gone. They're in Hong Kong and Korea, and they're not coming back. The days are over when a young person without school skills could support a family.

It is ironic, indeed, that just as what was required to be a productive adult became vastly more demanding, the ability of the family and the community to help children succeed at school and to become productive adults was eroding. Today, few informal institutions buffer children from the effects of rising family stress, whether the family is stuck in the inner city or trying to make it in the suburbs. Few supports are available for families whose struggle for economic security, whether on the assembly line or on the fast corporate track,

Lisbeth B. Schorr is Director of the Project on Effective Services, Harvard University Working Group on Early Life, 641 Huntington Avenue, Boston, Massachussetts 02115.

leaves them so exhausted and isolated that their comfort comes from alcohol and not from family outings. Parents' coping energies are so used up by the marketplace that children feel abandoned and alone and seek their consolation from equally alienated peers and empty forays into the worlds of alcohol, drugs, and unprotected sex.

New Supports for School Success

Schools and communities around the United States are trying to respond to this new environment as they explore the nonacademic components of school success. Three guiding principles seem to be emerging from the most promising efforts:

(1) ***If all children are to succeed at school, whole communities must take responsibility for supporting families as they nurture their children, and for helping to assure a child's school success.*** School success must become the goal of every system — not just of the schools.

(2) ***The partnership between schools and parents and community agencies must be experienced by schools and school personnel as part of the solution, not as one more burden they are being asked to bear.*** This is not an unreasonable expectation. Community services can be organized to be supportive of children *and* families *and* schools. Services that are truly responsive to the needs of children and families also respond to the needs of teachers and other school personnel. Everybody benefits when providers of service are in a position to respond to a wide array of needs and problems, when they do not close the books on a family because an appointment has not been kept, when they have time to cultivate relationships and to persevere, and when they are able to routinely resolve problems with other service providers directly rather than expecting the family or teacher to select among conflicting sources of advice.

(3) ***Developing effective supports and services that will lead to improved outcomes for children requires changes that go beyond better linkages and coordination between schools and human services, and extend to change in the nature and quality of services and support.*** In the absence of such changes, many health and human service interventions and community supports will continue to be a source of frustration to the children and families who are involved in a service system that does not seem to help. Teachers and counselors will continue to experience most services as one more source of futile and burdensome paperwork, destructive delay, and unwarranted intrusion into children's learning time, as well as their teaching time.

But the changes that must be made if whole communities are to support school learning *can* be made. We can begin by closely intertwining health and human services systems and other community supports in their efforts to increase rates of school success.

Evidence of Successful Programs

I originally began my search for programs that work in the early 1980s, in response to the growing belief that nothing could really be done in the face of rising rates of disaster among the nation's young. I searched out programs that had in fact succeeded in changing outcomes among children growing up at risk. What I found was that all over this country there were people and programs that had shown that family risk factors are not destiny. The cycle of disadvantage can be broken. Life trajectories can be changed.

I found a sturdy body of research that showed that the best predictors of what I called *rotten outcomes* — school dropout, teenage childbearing, adolescent violence, and long-term welfare dependence — occur early. These predictors include trouble at school as early as third grade; and third-grade troubles, in turn, have much earlier antecedents. In addition to family poverty, the early risk factors that predict later trouble include:

- Being born unwanted or to a teenage mother,
- Being born at low birthweight,
- Lack of bonds with a caring and protective adult early in life,
- Untreated childhood health problems, and
- Failure to develop minimal coping, language, and reasoning skills before school entry.

There are other risk factors. What is important about these risk factors is that they occur early, when it's most economical to intervene, and that every one of them has been successfully attacked by interventions we know how to provide.

We *now know* that children who are born into poverty and disadvantage can succeed in school. It is now absolutely clear that the contention that in the world of social programs "nothing works" is in fact a *canard*. The evidence from research and experience combines to explode the myth that nothing works.

Attributes of Successful Systems

There are successful interventions operating through the health system, schools and preschools, social services, child care, and income supports. As one examines these successes, common patterns emerge across systems and professional disciplines that characterize effective programs. The four most important characteristics that differentiate programs that have been successful in changing long-term outcomes from those that fail are:

(1) Successful programs are comprehensive, intensive, flexible, and responsive.

(2) Successful programs deal with children as parts of families, and with families as part of neighborhoods and communities.

(3) Staff in successful programs have the time, skills, and support to build relationships of trust and respect with children and families.

(4) Successful programs have a long-term, preventive orientation and continue to evolve over time.

None of these attributes is surprising. They are found consistently across many different kinds of disciplines and helping systems and are supported by theory, a convergent body of research, and front-line experience in almost every part of the country. What *is* surprising is that they turn out to be so at odds with the systems within which they must function.

Comprehensive, Flexible Programs

In these responsive programs, staff seem to be forever willing to "push the boundaries of their job description," to take on an "extended role" in the lives of the children and families with whom they work. No one in these programs says, "This may be what you need, but helping you get it is not part of my job or outside our jurisdiction."

Staff members in these programs have extensive repertoires and extensive community networks. They have the capacity to respond flexibly to concrete needs for help with food or housing or a violent family member. Many of these programs provide their staffs with a pool of flexible funds, which they can use at their discretion to help a family buy a washing machine, a wheel chair, or to get the car repaired.

It is the responsive stance of these successful programs, their capacity and their willingness to do whatever it takes, that is most striking. Staff know that the best parent education class will have little effect on a mother who was herself abused as a child, and that housing issues may have to be addressed before one can expect prenatal care to be effective.

Families that are already overwhelmed are not asked to negotiate their way through a maze of fragmented and distant services, each with its own eligibility determinations, waiting times, and application forms. Staff members respond to the needs of families at times and places that make sense to the family, often at home, at school, or in neighborhood centers and at odd hours, rather than in distant offices once a week on Wednesdays. If necessary, they can be there to help when the family is feeling the pain.

A Family and Community Emphasis

Most successful programs have deep roots in the community. They are not "parachuted" into communities, but carefully integrated with specific local community needs and strengths, so that local communities have a genuine sense of ownership.

Successful programs do not work with one generation alone, but with two—and often three. Successful schools, Head Start programs, and family support centers make special efforts to nurture parents so they can nurture their children. Successful schools enlist parents in collaborative efforts to give children reasons to learn and offer support to parents who need help with their own lives as adults if they are to help their children.

Sara Lightfoot at the Harvard School of Education points out that all children learn best when parents and teachers share similar visions, when there is a "sense of constancy" between home and school (Schorr, 1988). A generation ago, schools didn't have to work as deliberately and self-consciously at developing that relationship as they do today. A sense of constancy is harder to come by than it used to be, and it is harder to develop in the inner city than in the suburbs and in small towns, where informal connections are easier to maintain.

When parents whose own school experience was one of failure face schools whose social network and style are totally dissonant and alienating, they communicate that alienation to their children. The perception that school is the enemy can effectively destroy the chances that a child will learn.

Schools increasingly recognize the need for deeper parent involvement, but are discouraged because it

often seems that there's no one out there to work with. Enlisting the overwhelmed and overstressed parents of today as collaborators requires more skill and ingenuity than ever before. It means joining forces with others in the community to help strengthen families — whether through family resource centers, school-based health or social services, the child welfare system, or the churches.

Time for Relationships

In successful programs, staff members work in settings that allow them to develop meaningful personal relationships over time and to provide services respectfully, ungrudgingly, and collaboratively. The quality and continuity of relationships and support are what make many other activities work. For instance, nurse home visitors say that respectful, trusting relationships are what make their health education and parent education work. Relationship issues turn out to be particularly important among low-income people who have given up on helping systems.

None of these programs are "lean and mean." They are able to establish a climate that is welcoming, nonbureaucratic, and supportive. The recent evaluation of an enhanced prenatal care program in Washington, D.C., found that the most important element that kept women in the program and using health services properly was not the program's cash incentives or easy access to care; rather it was the "friendly support" of "someone to talk to about pregnancy and other life stresses" that was valued most highly (from the evaluation program "Better Babies," 1991).

Smallness of scale at the point of service delivery seems also to be crucial. Large schools, massive outpatient clinics, and large case loads vastly complicate the job of personalizing services to respond to individual and family needs.

Long-Term, Preventive Outlook

Successful programs operate in an organizational culture that is less rule bound and more outcome oriented than most traditional institutions. These programs replace the prevailing preoccupation with failure and crisis with an orientation that is long-term, inclusive, preventive, and empowering.

Leaders in these programs have no illusion that they can implement the *perfect* model program; rather, they allow their program to continually evolve to maintain its responsiveness to individual, family, and community needs over time.

Conflicts and Contradictions

It is obvious that the attributes of successful programs are profoundly out of sync with the real world of bureaucracies and policies. Unless we come to grips with the contradictions between effective programs and prevailing systems, successful demonstrations will continue to flourish briefly in splendid isolation, and then to disappear.

Within large public systems, effective programs remain the exception, not the rule, because most systems contain incentives that undermine precisely the elements that are the hallmarks of effective programs. After all, comprehensiveness, intensiveness, a family and community focus, flexibility, front-line worker discretion, and an emphasis on relationships of mutual trust are all undermined by categorical funding, large caseloads, and traditional ways of running large agencies, training professionals, setting standards, and assuring accountability.

After the Governors Education Summit in 1989, then Governor Thomas Kean of New Jersey said that there isn't a problem in education that hasn't been solved somewhere in this country. The same is true in health, mental health, family support, and social services. Standing between the isolated model program and getting effective services to all who most need them are the changes needed in *systems* to accommodate what works.

Marc Tucker of the National Center for Education and Economy says, "When you find an individual school that works, it's almost always because it's running against the grain. You find a teacher or a principal who really doesn't give a damn about the system. They are willing to ignore or subvert every rule in the book in order to get the job done for the kids." (PBS, 1990) Again, the situation is the same in health, mental health, family support, and social services.

It has been said that the very purpose of bureaucracies is to institutionalize the suspension of individual judgment. If that is so, and if we need *more* flexibility and *more* informed, trained, individual judgment, rather than less, we must learn how to modify the functioning of bureaucracies to establish the climate in which all well-trained professionals can be effective. We should not have to continue to rely on mavericks who will buck the system until they burn out.

The process of making essential services coherently available at the local level cannot continue to be so

onerous that only a Mother Theresa who is also a Machiavelli and a certified public accountant can succeed. We must begin to address the *systems* barriers to the spread of successful programs. We must go from moving models to moving mountains. Unless we address the systems issues, we'll continue to make pseudo-changes; we'll move the pieces around without really changing what happens to kids. To bring about the kind of systems changes that are now so urgently needed, we have to think much more strategically than we have in the past.

Strategies for Change

Strategies that would help bring about needed changes include:

(1) A major shift toward outcome-based, results-based accountability.

(2) New kinds of training and professional development.

(3) Collaboration and service integration.

(4) Promotion of greater public understanding.

(5) A targeting of resources on children living in the highest risk neighborhoods.

(6) Change from the top down and the bottom up.

Outcome-Based Indicators

The use of outcome indicators that reflect common sense and common understanding may be the most powerful force to focus attention on the mission rather than the rules, to permit flexibility and autonomy at the front end, and to provide evidence to funders and the public that programs are indeed meeting their intended purpose. In addition, agreement on desired outcomes facilitates cross-systems collaboration and can help to promote a communitywide "culture of responsibility" for children and families. Information about outcomes also enhances our ability to make judgments about the effects of new investments and institutional changes.

But the move to outcome accountability is hard. There is fear that it will be used as a cover for further funding cutbacks, or that it will lead to the abandonment of efforts that are difficult to measure. Demands for documented outcomes can drive programs to duck hard cases, and to distort their activities by emphasizing those that will show measurable and rapid results. Early childhood educators fear that efforts to assess whether children are ready for school will ignore the fact that the school has to be ready for the child.

All of these and many other legitimate concerns suggest that the shift to outcome accountability must be made carefully and thoughtfully. It must be made by those who care about both the process and the results — not left to those who find it easy only because they don't understand the issues.

Although outcome measures should not be imposed unilaterally from outside or above, the process of deciding on a set of outcome measures could be simplified and speeded up if every local community and every new initiative didn't have to start from Square One. While work proceeds on developing a more sophisticated technology, organizations like the Council of Chief State School Officers could get the process moving by providing access to one or two lists of outcomes (perhaps a minimalist list, as well as a richer, more ambitious one) that could be used across the entire spectrum of child-serving systems. These outcomes would have credibility because they had been developed on the basis of reasonable and explicit criteria. Much of the preparatory work has already been done through the Council's work on outcome indicators with Joining Forces, under the leadership of Janet Levy. These lists of outcomes could then serve as a starting point for state and local discussion and negotiations.[1]

One could, in addition, imagine an approach to management information systems that could be used for outcome accountability purposes — especially in the preschool period, to track the children that may now get lost to sight between birth and school entry.

New Training and Professional Development

A second strategy involves new methods, and perhaps new institutions, to provide new kinds of training and professional development to front-line workers and managers. Large-scale, effective responses to family needs from outside the family require new skills from new kinds of professionals. Front-line staff today often lack the skills needed to:

- Build respectful, trusting relationships,
- Mobilize diverse resources,
- Work collaboratively with other systems and disciplines,
- Be comfortable addressing a complex interplay of problems and exercising front-line discretion, and

[1] The Council of Chief State School Officers has produced an issue brief, "Identify Cross-cutting Outcomes for Use as a Focal Point for Change," that discusses the role of state education agencies in identifying a broadly defined set of desired outcomes for children and youth, against which agencies and organizations can hold themselves accountable.

- Work with both children and families — and see children in the context of families and families in the context of communities.

Program managers, in turn, often lack the skills needed to:

- Manage by "groping along" and keep a program evolving in response to changing needs,
- Recruit, select, and supervise workers in new ways,
- Put together diverse sources of support in ingenious ways, and
- Create a nonbureaucratic, outcome-oriented organizational culture.

Existing training institutions may not all be up to equipping human service professionals with the skills and mindsets needed to function in reformed institutions and systems. Educators and community services workers must be prepared both to work with existing institutions and to develop new settings and new formats to help professionals acquire the needed new skills.

Collaboration and Integration

A third strategy involves collaboration and service integration, an essential, though not always sufficient condition for real progress. Of course the fragmentation of services that is the norm today arose neither by accident nor from ill will. Separate funding streams, regulations, and disciplinary approaches reflect earnest attempts to respond to problems that were defined separately and not always understood in a wider context. Separate approaches also reflect the needs of professionals and administrators to establish clear divisions of labor in a world that attaches great value to specialization.

Child psychiatrist James Comer, who has been so successful in turning around the elementary schools of New Haven, Connecticut, explains that as schools began to encounter more difficulties over the past two decades, they brought in "psychiatrists, social workers, psychologists, and special education personnel, each to deal with some part of the problem. Everybody was trained separately," he says; "we were never trained to work as a team." He recalls that when he first came into the New Haven schools, support personnel were deliberately scheduled so that no two of them would ever be in the same school at the same time; they couldn't have planned together even if they had wanted to. "Each specialist was doing his or her little thing, each taking a piece of the kid, with nobody thinking about what the kid needs altogether, and who should address what" (Schorr, 1988).

Because fragmentation is such a big problem in existing services, many have come to see the coordination and integration of services as *the* solution. One can't be so dazzled by the feat of putting formerly isolated pieces of service together, that one doesn't worry about the content of what is being integrated.

Collaboration is crucial and solves many problems, but alone it will not improve outcomes. It must be seen as a means, not an end. It is futile to put together services that are of mediocre quality, that are rendered grudgingly, that are rendered by professionals who do not know how to work collaboratively with families and are unable to respond to the unique characteristics of a particular community. It is a disservice to act as though whatever is out there is all that is needed, and as though all that needs doing is to link together what is there.

Unless the needed services are available and of high quality, and unless there are also changes in the atmosphere of a clinic or welfare office, in the relationship between professional and client, and in caseloads and staff skills, the service integration may have little effect on children's outcomes.

Promotion of Public Understanding

A fourth strategy is to bring about greater public understanding. No significant change will occur in the absence of widespread understanding of a few basic principles:

- School success for all is the responsibility of the whole community and requires change in many institutions and systems;
- Effective change will require patience — because it takes time to plan, to bring new designs into operation, and to show results;
- Local solutions must be locally shaped; they will differ from one another because good models can inform and inspire, but can't be cloned; and
- The family is the child's best support system, and families can be helped from outside both to be a child's first teacher and to be a long-term supporter of a child's learning.

Targeting of Resources

Perhaps the most difficult, but in some ways most important, strategy is the targeting of resources on the children and families living in neighborhoods of persistent poverty and high risk. To radically turn things

around in areas of concentrated social dislocation, we must put together a critical mass of high-quality services. Further, we must make them coherent, not just for individually identified children or families in trouble, but for entire neighborhoods, entire populations at risk. Targeted, neighborhood-based efforts could make eligibility dependent on residence and allow services to be designed to reflect the enormous impact of neighborhood life on family functioning and child development.

Several national foundations are beginning to undertake initiatives along these lines. These efforts are based on the now well-established premise that the factors implicated in persistent poverty and concentrated social dislocation will simply not respond to narrow, one-shot interventions. What is needed is a broad attack on many fronts at once, combining comprehensive, responsive services and restructured schools with reforms to improve housing and public safety, to re-create a community infrastructure, and to expand job opportunities and training. The aim is that all these interventions will interact in an entire threatened community to reverse both family and neighborhood disintegration.

Pervasive Change

As a last strategy, we must recognize that change must occur from the bottom up *and* from the top down. Just as what goes on in individual schools and classrooms can't be changed in the absence of changes in the school district and at the state level, so what goes on in local health and human service agencies can't be changed in the absence of changes in the systems that fund and regulate and audit them. But the converse is also true. In a study of the human service integration movement of the 1970s, Sheila Kamerman and Al Kahn (1985) found that after all the organizational lines were redrawn and the boxes shifted around, everything had changed except what happened in the encounter between the service provider and the child.

All the systems-change strategies identified here involve a combination of aggressive local action and action at the state and federal levels. Change must occur at the school site and at the neighborhood level, but it can't depend on local efforts alone.

In a recent article on the op-ed page of the *New York Times* (March 3, 1992), an official of the current administration, writing under cover of anonymity, reminded us that "our national highway system was not built by the Kiwanis Club, that the Chamber of Commerce did not send astronauts to the moon, and that Social Security was not a neighborhood project. . . . These and other giant accomplishments," he wrote, "were the products of leadership that energized a nation and inspired a bureaucracy."

Schools and school districts, cities and states, the public sector and the private, must all be mobilized to act so that all our children can become part of America's prosperity.

Time for Boldness

It has been hard, in the last decade, to think boldly. We learned to think small and to content ourselves with fiddling at the margins. And now we are in the kind of budget crunch that makes thinking ahead to a better future seem almost fanciful. But it is now becoming clear that some of our most urgent problems will never be solved unless we dare to adopt a bolder vision—one built on a shared understanding that we cannot allow the richest country in the world to declare bankruptcy in our civic life.

John Kenneth Galbraith's new book (1992) describes a "culture of contentment" in which prosperous Americans luxuriate, while they ignore the suffering around them and oppose those policies that would reduce the alienation and the income gap between the super rich and the rest of the country. In an interview in March 1992, he said, "The age of contentment will end when and if the adverse developments that it fosters challenge the sense of comfortable well-being." He explained, "It is a high tenet of comfort that the uncomfortable accept peacefully, even gladly, their fate. That belief could suddenly and surprisingly be disproved. . . . A widespread economic disaster could probably force change of some kind. So could the eruption of an angry 'underclass.'" And that was two months before the eruption in Los Angeles!

We may indeed be on the verge of new opportunities that could transform the widespread yearning to do better among so many Americans into effective and lasting action—into action that would make our institutions, public and private, work effectively on behalf of all America's children and families. We know we have the elements of past successes to build on; we also know that we can't institute comprehensive change at bargain basement prices and that we can't do it overnight. But we can be certain that if it's done well, it will make a difference in the life of this nation. The people who are committed to social justice can join with those whose highest priority is a work force that can win the international economic competition.

As Marian Wright Edelman of the Children's Defense Fund (1988) says, we are at a point in this country today, when doing what is right coincides with what we have to do to save our national skins. Now is the time to make it happen.

The program of this Institute promises to provide many of the tools to mobilize and stimulate the development of the services and supports that will give the schools a real chance to help students achieve high rates of success. We have the tools and we have the determination to ensure that all our children will grow up to become full participants in the thriving and productive American communities of tomorrow.

References

Edelman, M.W. (1988, December). Quote from speech presented at the National Press Club, Washington, DC: Author.

Galbraith, J.K. (1992). *The culture of contentment.* Boston, MA: Houghton Mifflin.

Galbraith, J.K. (1992). Wither the contented majority? *Harvard Magazine.* Boston, MA: Harvard University Press.

Kahn, A.J., & Kamerman, S.B. (1985). Personal social service and income transfer experiments; *The research and action connection.* In R.N. Rapoport (Ed.) *Children, youth, families: The action-research relationship.* New York, NY: Columbia University Press. New York Times. (1992, March). Anonymous article. New York, NY.

Rasberry, W. (1991, September). *Walking away from the homeless.* [Editorial] *The Washington Post.* Washington, DC: Author.

Schorr, L.B. (1988). *Within our reach: Breaking the cycle of disadvantage.* (p. 235). New York, NY: Anchor Press.

WNET (Producer), (1990). *Crisis: Urban education.* [Television series] New York, NY: WNET, PBS Television.

Changing the System for Children's Services: Building Linkages with Schools

Michael W. Kirst
Stanford University

Childhood in the United States is changing. More children are unhealthy — physically and mentally. More children suffer from substance abuse and child abuse, from inadequate child care, and from family disorganization. More and more students from single-parent families and from minority and non-English-speaking backgrounds are entering public schools that have never done a good job of meeting the needs of non-middle-class, nonwhite, non-English-speaking children. School leaders must understand how children's educational prospects are affected by their daily lives. Childhood is changing, and schools must change as well.

The risks add up: Johnny can't read because he needs glasses and breakfast and encouragement from his absent father; Maria doesn't pay attention in class because she can't understand English very well, and she's worried about her mother's drinking, and she's tired from trying to sleep in the car. Dick is flunking because he's frequently absent. His mother doesn't get him to school because she's depressed because she lost her job. She missed too much work because she was sick and could not afford medical care.

The solution to these multiple problems is not as simple as expanding existing programs like Head Start — a response that has received the most media attention. We need a complete overhaul of children's services. We need to bring together public and private organizations to meet the comprehensive needs of children, adolescents, and parents. Schools should constitute one of the centers of a coordinated network of comprehensive children's services.

Consequences of Fragmentation

There is a critical lack of essential social services for children. For example, 25 percent are not covered by health insurance. But in addition to underservice or nonservice, fragmentation of children's services has consequences on the conditions of children who are served, and is especially acute for children with multiple needs. These consequences include isolation of problems and labeling, discontinuity of care, conflicting goals, inability to use existing services, and disempowered youth.

Isolation of Problems and Labeling

Public responses typically focus on individual pathologies; task forces investigate problems like suicide, latch key children, substance abuse, or other disturbing conditions. Though important, the method of isolating particular problems for investigation or response leads to a fundamental loss of vision on the often close linkage *between* these various problems for any particular individual. Too often youth with multiple problems receive a programmatic label (substance user, delinquent, drop-out, teen parent) that misrepresents or oversimplifies the nature of the trouble and obstructs comprehensive assessment or response. No existing mechanisms trigger the comprehensive planning or integrated case management particularly important for children and youth with multiple needs.

Michael W. Kirst is Professor of Education, School of Education, Stanford University, Stanford, California. Dr. Kirst also serves as Co-Director, Policy Analysis for California Education (PACE).

Discontinuity of Care

When children and youth move from one level of care to another — for example, from home to detention in juvenile hall, from inpatient psychiatric hospitalization to residential treatment, or from dependency to emancipation—they move in and out of different departmental jurisdictions, encountering different groups of service providers who do not follow them to the next level of care. If service systems were better integrated for high-risk families, children and youth would be part of a system of care that responded to their needs knowledgeably and consistently, regardless of their place in the service continuum.

Conflicting Goals

Conflicting concepts of purpose or treatment philosophy generate dissension and attenuate service. Though the debate partly reflects differences between liberal and conservative political factions, it also reflects important differences in notions of service and standards of effective service or quality. For example, in California a longstanding debate exists in the area of child care services: some groups think of child care as simply custodial; others conceive of child care as a developmental program. This elemental lack of agreement on general purpose has generated incapacitating suspicion and lack of cooperation between agencies at both state and local levels. Within the juvenile justice system, an unresolved disagreement exists between those who believe programs should continue a dominant focus on rehabilitation, and others who believe in deterrence through punishment. Few services see children as more than a temporary "recipient" with documented needs to be filled. In all children and youth sectors, there is a crucial imbalance favoring acute care over preventative or developmental services. This de facto definition of the "problem" as short-term and compartmentalized is compounded by the absence of any system of longitudinal record keeping or assessment.

Inability to Bring Existing Resources to Bear on Problems

Lack of communication among service providers also frustrates service provision. School staff are often unaware of services available through juvenile justice, social service, or mental health agencies. Moreover, one cannot expect actors at the base of the children's services to have developed broad networks for sharing information when no one at the top of the system knows the extent of services available for children. In California, for example, counties and school districts are the major provider of children's services; but no data are available concerning total expenditures for children in counties. A major study was needed just to compile and analyze children's programs and budgets in one county.

Disempowered Youth

Partly as a result of fragmentation and partly as a result of an embedded paternalistic approach toward children and youth, these populations have not been asked to participate in the dialogue of identifying problems and possible alternative solutions. When different needs are served by isolated agencies, young people find it difficult to coordinate what he or she wants or needs.

Who is there for the children? This question cannot be answered if no one is looking at all the elements of children's lives and considering how they fit together. It is the whole environment that creates the conditions for an adult life of satisfaction and productivity. Few teachers, physicians, workers in the juvenile court system, social workers, or others focus on the interactive or interdependent nature of their contribution to the experience of youth. Instead they look only at their own performance as members of particular agencies. Research has barely begun to develop a broader frame of reference that could answer these questions or illuminate the aggregate effects of the totality of children's policies on youth and their families. California, for example, collects no data on how the recipients or targets of the state's Byzantine children's services experience the system.

Barriers to Collaboration

In addition, efforts at collaboration by service delivery systems have been frustrated by "deeply rooted barriers" such as:

- ***Delayed Involvement.*** Too often the focus is on acute problems, not prevention. Agencies do not get involved until health and mental health problems reach the crisis stage.
- ***Service Fragmentation.*** Attempts to aid children are not integrated. There may be four or five agencies working independently with a child or family, and each is unaware of the others' involvement. Consequently, the child ends up "bouncing around in the system like a pinball."
- ***Gaps in the System.*** Only 25-30 percent of the three- and four-year-olds eligible for Head Start are in the program.

- ***Inequitable Services Across Jurisdictions.*** Attention is often focused on the differences in individual school or school district funding instead of on the differences in funding between localities for all types of children's services.
- ***Accountability of Services.*** Most services that deal with children are largely unaccountable. They focus on how many times they saw a child or family, but never on whether the child got any better.

We have a superintendent of schooling, but not a superintendent of children, so part of our problem is that our reference point is our program or our institutions, but not the children. How did we get to this rather sad state of affairs?

- We all have different training. Educators, social welfare workers, health care workers, public administrators, and juvenile justice workers all attend separate schools and rarely have contact with each other. Because our initial professional training is separate, so, too, are the professional networks that we build.
- Legislative rules on confidentiality impose significant barriers in sharing information about the same child and family.
- There is a lack of communication across service delivery systems. Each acts as an independent entity using "picket fence federalism": Each program or agency is an individual picket in the fence of the system. Attempts to overcome it have been marked by several problems:

  a) "Projectitis." People in one project try to solve the deeply rooted problems by starting another one, a "bring-it-all-together project."

  b) "Tentacles." People will have another agency attempt to intervene (or put their tentacles in) in areas that are already covered by other agencies. The end result is added-on functions rather than collaboration. For instance, schools become major drug prevention providers rather than collaborating with existing community anti-drug agencies.

  c) "Hot Potato." Problems get handed from agency to agency because no one wants to assume responsibility.

  d) "Grafting." Projects are added on top of a deeply rooted problem but don't deal with it in any significant way.

Breaking Down Barriers

Several interrelated approaches can break down deeply rooted barriers to collaboration:

- Create more interprofessional programs for the initial training of professionals so that they get exposed to each other's problems and to each other.
- Create situations that bring diverse groups together for sustained work over a period of time.
- Find legitimate ways to deal with the confidentiality problem. Rather than hide behind the barriers of confidentiality, recognize that although situations arise that require this need, there are also ways of sharing the information and seeking parent approval.
- Examine the categorical program structure that exists and make changes where necessary. California now has a program, for example, called a "mega-waiver," in which multiple agencies can come together and seek a waiver to put their programs together.
- Link the information systems in a more systematic fashion. Agencies need to sit down and decide how collaboration could affect future outcomes for children, such as improved health and improved child development.

School-Linked Services

Once the barriers are lowered, successful collaboration becomes possible. There are many types of effective collaborative structures to consider. One approach is school-linked services, on or near school grounds. "School-linked" does not mean school-run or school-dominated. If this were viewed as a takeover of other social services by the schools, it would be sure to fail. For one thing, the schools would rightly protest that they have enough trouble with their basic job of education without taking on the rest of these social services. If, on the other hand, the schools appear to be taking over, the other agencies will resist and protect their turf.

"School-linked" means that the school is the location for things to come together. It is not, however, the institution that funds all of the services or dominates their delivery. One definition of school-linked services is an "interagency system linking schools and local and private human service agencies with the support of business, higher education, and other community resources to meet the interrelated educational, social, and psychological needs of children." This linkage empowers parents to better consume public and pri-

vate services for their children. These services are currently spread around in various locations, and consumers usually find it difficult to access them. There is a definite advantage to bringing these services together in just one place.

What might one of these locations look like? First, the facility or set of facilities would be on or near school grounds and be open from 6 a.m. to 6 p.m. Next, it would have:

- Parent education and adult education programs, and after-school recreation programs funded by various city governments and community colleges.
- A nurse practitioner who, unlike school nurses, can administer some medications and deal with some specific health problems.
- Mental health facilities, including counseling services.
- On-site assistance from the social welfare offices for family problems.
- Collaboration with various probation and job training agencies.

Of course, this facility would have to have funding. One important key to school-linked services is "stream diversion," which allows the system to be largely financially self-sustaining. It does not rely on huge amounts of new funding, but taps existing funding streams and deposits them into one pool. Preschool programs, for example, would be funded by existing federal or state preschool programs where there are sliding-scale fees for parents who can afford them. Health services would be a diversion of the money that comes from various health streams such as Medicaid, county health departments, and other federal/state categorical grants.

Think of this as one-stop shopping for children's services in an era of multiple and interrelated family problems. Clients used to have to go to about five different agencies to get what they needed, unlike the modern grocery store, where there is one place to buy food, engine oil, and floor cleaner. A typical situation for the consumer of children's services is that there are about five agencies (welfare, children's protection, health, etc.) — a "grocery store" split into five places all over a large county — and one must try to get there by bus. But just putting services in one place is not enough if the existing services are inadequate, poorly designed, and badly executed. There must be attention to the quality of services and how they can be orchestrated to help children and families in a comprehensive and intensive manner.

What Does It Take to Make It Work?

To achieve school-linked services requires a systems change, rather than a program or project mentality. It is not an add-on project or program.

First, successful collaboration requires a lengthy planning period — up to two years.

Second, successful collaboration comes both from the top and the bottom simultaneously. At the top there must be an agreement among the key decisionmakers, such as the school board, the superintendent, local children's services agencies, and several other public and private organizations. This collaborative group should formulate a common philosophy and a system for shared governance of the school-linked sites.

An interesting example of this approach is the Minneapolis (Minnesota) Youth Coordinating Board (MYCB), a creation of municipal government and the mayor. Established through a joint powers agreement among the city of Minneapolis, the Minneapolis public schools, Hennepin County, the Minneapolis Park and Recreation Board, and the Minneapolis Public Library Board, the 11-member MYCB defines its goals as promoting the integration and quality of services for all of the community's young people, not only those with special needs.

Local and state funds were made available for the planning and operation of the MYCB. Each of the five sponsoring government bodies contractually agreed to provide at least $150,000 per year for five years to support basic staffing and operating costs. The apparent success of MYCB thus far seems to be a result of the mayor's vigorous commitment to an integrated youth policy. The mayor's effort to mobilize broad community support for MYCB is invaluable in helping the board to develop neighborhood centers for integrated children's services. A crucial component is the "buy-in" of line workers: people at each school site who are involved in education, social work, health services, preschool, and child development services.

Strong working relationships need to be maintained between the people directly dealing with children and their families and those at the middle management level. To make this work, the line workers must know each other, work well with each other, talk about the same children, try to clear away the eligibility overlaps, and try to deal with confidentiality problems in a responsible, yet responsive way. Management can help by providing case management flexibility for the people working at the service delivery site,

adding incentives, and rewriting job descriptions that avoid isolating workers from different agencies.

An initial step toward this line worker "buy-in" should be a needs assessment of the local school area. The needs assessment would include (1) a data match to see which families are involved with several agencies and (2) interviews with families on how they perceive and are helped by the melange of providers. Studies of family migration patterns are also useful so that mobility is anticipated. These types of data can be the basis for focus groups of line workers to begin building a close relationship.

Third, successful collaboration involves parents and children right at the start. Involving both the parents and the children empowers the parents and makes it easier for them to consume these services.

Fourth, successful collaboration makes it clear that the school is a partner, but not in charge. The school is key in this school-linked vision. When Willie Sutton, the old bank robber, was asked why he robbed banks, he replied, "That's where the money is." Just so: the school is where the children are.

Fifth, successful collaboration links these services to additional school restructuring efforts. Schools need to connect social services with instructional programs so that teachers know how family conditions affect class performance. Unless all the teachers are invested with ownership in this system change, it becomes just a grafted-on project. Restructuring that is viewed strictly as a curriculum project or school site decentralization has nothing to do with linking to services beyond the schools. Teachers must know how and when to refer students to a collaborative center and have regular channels for feedback from the center about how to reorient their instructional and disciplinary practices. Teachers need to have frequent conferences with center staff and welcome parents who use center services to their classes.

Sixth, successful collaboration develops a new system of accountability for interagency cooperation. Agencies need to track the joint outcomes of their combined services and determine the effectiveness of those services. A new data collection system should be created in which some of the agencies will have to share forms and formats, and a cross-agency intake system should be developed. An early step is to decide how employees from several agencies can be relocated near school grounds, and incentive systems established so that these relocated employees are encouraged to collaborate.

System Implementation

The institution of collaborative services depends on school cooperation. Central offices need to appoint middle managers who provide liaison between school sites and district offices. Much of the management will be "groping along," but site administrators need someone to clarify and reinterpret central office policies. An early problem in some local education agencies is how to retrofit existing school facilities for multiple children's services. Principals are crucial for organizing teacher involvement and assuring access to school personnel.

One of the first steps requires venture capital, or "glue money." Glue money cements the system together for start-up planning, for building information systems, for creating commitment among the line workers, and for planning for financing. California passed a $20 million "Healthy Start" bill in 1991 to provide glue money. California also used some of its $80 million in uncommitted drug and alcohol abuse money to help fund local collaborations. A word of warning, though: some foundations create problems because all they do is fund more projects and spread the disease of projectitis. When the funding source is gone, so, too, is the project.

Linking School Finance and Children's Finance

Educational leadership and school finance policies must link schools to other children's polices such as health, children's protective services, child care, and juvenile justice. The school finance expert of the future will have to be knowledgeable about much more than U.S. Department of Education funds, and become well acquainted with the federal and state departments of health and human services, labor, and justice, as well as many other delivery systems for children's programs. For example, California's Healthy Start bill will make some schools Medicaid-eligible providers like hospitals and health clinics.

Schools need to better use existing financing sources for programs in health, social services, juvenile justice, and so forth, rather than adding social workers and nurses to the school payroll. School-linked services converge diverse funding and program streams from many agencies and aim them all at one location *or* near the school. The following are some examples of new uses of existing funding:

- The school stays open from 6:00 a.m. to 6:00 p.m. to provide city-funded day care, recreation, and adult education.
- School health clinics are subsidiaries of a local hospital, which provides the necessary medical licenses, eligibility to receive federal Medicaid funds, and liability insurance. The bills for health services are handled by the accounting department of the local hospital, and the health employees at the school site are technically employees of the hospital.
- Federal Title IV-E services for abused children provide funds for children's protective services.
- The federal maternal and child health grant is used for mental health counseling.
- State categorical funds for children's services provide some "glue money" for planning and administration of this complex process through federal and state drug abuse prevention funds.
- United Way fills in the cracks where none of the federal or state categorical programs provide any coverage, including emergency needs like clothing and rent payment.
- Community colleges provide programs to help parents become wage earners and improve their parenting skills.

Financial linkages among children's programs also can be on a lesser scale (Gardner, 1989). "Hooks" formally link a child's participation in one program with participation in another. For example, foster children automatically qualify to move from school to a local job-training program. "Glue money" allows one agency to subcontract with other agencies and ensures that children can get services in one place. The lead agency becomes the "broker" for the child; for example, a school could subcontract with health, social service, and job-training agencies. Glue money would allow each child to be assigned a case manager who could procure or command resources from other agencies. In "joint ventures," several agencies create partnerships to raise funds for jointly operated programs.

This type of collaboration makes it less likely that agencies will put out tentacles into other domains. For example, drug prevention would not be grafted onto schools, but the school system along with several other agencies would apply for funds to conduct an integrated reinforcing program. A crucial element in all these financial arrangements is the credibility of the initial community planning.

The potential for these financial arrangements that enhance integrated children's services is vast, but implementation is impeded because most education leaders are unaware of financing opportunities in children's agencies other than education departments. For example, the U.S. Department of Health and Human Services tried to help some city schools use Medicaid and other health programs, but found there was such a lack of local knowledge that little progress was made. Educators often have to master 60 or more categorical education programs and find it difficult to expand their vision to include a broader array of children's programs. But this must change soon if education is to become a collaborator in a comprehensive attack on children and family problems. School finance courses for school administrator certification should be overhauled to focus on children's finance. Local school budget officials need to be retrained so that they have a solid grasp of numerous types of children's programs. Education leaders must expand their financial horizons and seize the potential for school-linked children's services.

The State Role

States have a crucial role in fostering collaboration (Koppich, 1991). States can:

(1) Create a vision of collaboration. Much of the public still believes that schools can provide all necessary services. States can help build awareness of the need for collaboration and highlight the future condition of children for state success.

(2) Setting goals and standards. States can establish specific targets for a broad base of children's indicators in health, child care, education, and many other areas. Minimum levels of well-being for children should be established by the state as a floor below which no locality should fall.

(3) Provide incentives and sanctions. States can provide glue money and start-up planning and operational funds for localities who collaborate. States can provide "mega-waivers" across several state agencies if local collaboration is of high quality.

(4) State agencies, including education, health, welfare, juvenile justice, and child care, could form an interagency council to consider waivers.

(5) States should convene localities to share information and provide a clearinghouse about successful collaboration and coordinate interprofessional staff development. States need to revamp initial professional preparation programs to expose students to issues that cut across schools, such as education, health, social services, and juvenile justice.

(6) States need to invest in research and evaluation of collaboration and help localities find foundation funds to help with tasks 1 to 5. The key outcome is *not* the collaboration itself, but enhanced children's outcomes.

Implementing school-linked services will not be easy; it is a big change in behavior for many children's agencies. Our vision needs to be focused on changing the system rather than beginning another project: How can we rethink the fundamental way we do business rather than making changes in marginal increments with everything else in the system left in place? If we want to make this collaboration among agencies and parents a reality, we must begin changing the way we think about these services and finding ways the funding system can be converged.

References

Gardner, S. (1989). *Failure by fragmentation.* California Tomorrow, *4*(4), (pp. 18-25).

Koppich, J. (1991). *Lines of authority, levels of responsibility: The perspective of the state in children's policy.* Unpublished manuscript, Policy Analysis for California Education, Berkeley. Berekley, CA: Author.

I would like to thank Milbrey McLaughlin, Professor of Education at Stanford University, for assistance with the initial sections of this chapter, and Sid Gardner of California State University-Fullerton, who provided the background on finance techniques for "hooks" and "glue money."

Pushing the Boundaries of Education: The Implications of a Youth Development Approach to Education Policies, Structures, and Collaborations

Karen J. Pittman
Center for Youth Development and Policy Research
and
Michelle Cahill
Youth Development Institute

The past five years have seen more proposals for comprehensive and intensive changes in school structure, school finance, and school administration in the United States than in any similar time period in our lifetimes. These proposals have come from sources both within and outside the education community. In several states, spurred by advocates, the courts have examined the record of entire school systems, found them lacking, and ordered restructuring under state law. Other critics of public schools have gone so far as to propose privatization as the means to increase student achievement. At the same time, many schools and school systems have engaged in self-directed efforts to make significant changes toward the goal of improving student achievement: restructuring middle grades education, creating site-based management, involving parents in new roles in school governance, eliminating tracking, and reshaping classroom instruction. Many other schools are struggling with contending explanations of school failure and strategies for reform.

One of the forces driving this intense focus on school change has been a growing, national concern about youth issues and problems. One urgent concern is that because of demographic changes in the population, too many young people are not making a successful transition to adulthood. Other concerns are just as pressing: Too many youth lack the critical skills needed for economic success. Too many lack the connections to family, school, community, and society that are the ingredients of citizen participation. Too many engage in behaviors that slow their progress, if not risk their lives.

This broad attention to youth issues is long overdue. It has come with a price, however. Too many of the discussions and recommendations on youth issues are problem focused and fragmented. Too many recommendations focus on fixing young people — reducing their problem behaviors — rather than on making fundamental changes in the systems that engage and respond to young people. Too many of the strategies generated over the past decades have come in the form of narrowly targeted and limited programs — structured, time-limited interventions aimed at addressing a particular problem such as AIDS or substance abuse. This orientation has had a profound effect on schools.

As the central institution that reaches all young adolescents and the majority of older adolescents, the school has been the preferred locus for many of these targeted interventions. This attention has generated some very positive results. School-based or school-linked health clinics are visible products of current efforts to use schools as a base for expanded services. But the demand for such expansions has also raised serious questions about the role of schools in addressing youth problems.

The myriad of add-on programs that compete for space in the school day, the school building, and the school budget have led to the now common cry that schools cannot do it all. Can schools answer both calls — to increase academic achievement *and* to address youth problems? This is primarily a strategic question. Many people agree that we must address the problems

Karen J. Pittman is Vice President, Academy for Educational Development, and also Director, Center for Youth Development and Policy Research, Washington, DC. Michelle Cahill is Vice President, Fund for the City of New York, and is also Executive Director, Youth Development Institute, New York, New York.

youth face — poor health status, family crises, substance abuse, violence, AIDS, and pregnancy — and that these problems severely limit the likelihood that academic instruction will be effective. Most educators acknowledge that because schools stand as the only point of universal access to students, schools must logically play some role. But many school administrators and teachers across the United States see such a role as a series of trade-offs, as a balancing act in which schools, having been asked to address two competing demands, must find suitable compromises.

The premise of this article is that this view of collaborations is fundamentally flawed in its assumption that education and services are additive in nature. I contend that education and other services are interactive and essential to the formulation of new, effective strategies for educational success. If the additive view remains the sole model of school/community collaboration, in fact, it will be detrimental to school reform. This approach will replicate a central flaw in much educational practice: compartmentalizing knowledge instead of developing a student-centered, proactive, and holistic approach to education and youth development. Rethinking the goals, methods, and content of collaboration can be an important tool in an education reform strategy.

Schools, thus far, have engaged in collaboration to broaden the service base to meet student needs that are now recognized as a prerequisite for achievement. We argue that there must also be collaboration to broaden the knowledge base. Schools must actively seek partners to build a broader vision of what education should be and can accomplish. Schools must actively seek partners to devise strategies, train staff, and develop opportunities for students. Schools must actively seek partners in creating environments, both inside and outside school walls, that foster learning, growth, and engagement. Most important, schools must seek partners in developing a broader base of outcomes against which they hold themselves and the other institutions that touch youth accountable. State policymakers can and must play a critical role in providing leadership, incentives, and standards for the development of this new system of accountability.

What Needs to Change

The foundation of most cross-sector collaborations involving schools is flawed by a linear, "fix-then-teach" philosophy. Students (and often their families) must be fixed or made ready (fed, clothed, emotionally fortified, supervised, mentored, or housed) so that learning can proceed. This fix-then-teach thinking is not found only in schools, but is a variation of the fix-then-develop philosophy that undergirds our entire approach to youth services in the United States. Thus, collaborations between schools and social services or health agencies have often shared a common orientation focused on student and family deficits. American social policy for youth is built on the belief that, with the exception of education, public expenditures for youth should be limited to addressing problems. This view rests on the assumption that positive youth development occurs naturally in families and communities in the absence of youth problems. Such thinking has created an assortment of youth services focused on "fixing" adolescents engaged in risky behaviors or preventing "at-risk" youth from engaging in such behaviors.

A major problem of this thinking is that it focuses services on the goal of "problem free" adolescents rather than on "fully prepared" adolescents. This orientation to a goal defined by the absence of a negative behavior is problematic for two reasons. First, quite simply, problem prevention is not the same as preparation for the future; second, much research indicates that problem reduction is interactive with development of competence. A related problem is that problem prevention fosters passivity. It assumes that families and schools, without increased support, can provide the support naturally to adolescents to understand life's challenges and responsibilities, as well as opportunities to develop the necessary skills and confidence to succeed and contribute as youth and as adults.

This analysis points to the need for a basic conceptual shift — from thinking that youth problems are merely the principal barrier to positive youth development to thinking that supporting youth development is the most effective strategy for the prevention of youth problems. I developed this argument in testimony delivered before the House Select Committee on Children, Youth and Families in 1992. This article extends the argument to suggest that *what we need is a shift in our thinking — that supporting youth development is the most effective strategy for the prevention of youth problems and the achievement of educational goals.*

The tension now felt between the goal of problem prevention and that of academic preparation is unnecessary. These two streams of action are not in opposition. Rather, promoting youth development is a central element in an educational reform strategy. Much of what is at the heart of the current school reform movement addresses the concern that schools must be more responsive, more participatory, more relevant institutions. If they are to be effective agents for academic learning, schools must be transformed into environments that are more conducive to students' overall development.

Similarly, youth development is the core strategy of effective problem prevention. The most common themes addressed in problem-prevention curricula and programs are personal and social skills, decision-making and problem-solving skills, relationship building, and opportunities for contribution and participation. Yet these themes are not brought together into any coherent approach. Rather, prevention courses generally exist in isolation, attempting to build these competencies within a narrowly focused course. To change this common approach, we need to understand the meaning of youth development and to apply this conceptual framework in an assessment of education and problem-prevention activities.

The first step that we urgently need is to develop a common view of the often parallel activities and collaborations going on in or with schools in the names of education and problem prevention. To develop common visions, we need to complete three tasks:

(1) Develop a clear definition of youth development (what outcomes adult society wants, what outcomes youth want, what processes will achieve those outcomes).

(2) Develop a better understanding of how competencies are built and how they interact.

(3) Develop a better understanding of the range of actors/institutions that can or should play key roles in youth development and of how these roles interrelate.

Toward a Definition of Youth Development

Turning Points, the 1989 report on preparing youth for the 21st century prepared by the Carnegie Council on Adolescent Development, begins with a comprehensive list of goals for 15-year-olds. The list goes beyond academic competence to suggest that we want every young adolescent to be:

- an intellectually reflective person
- a person en route to a lifetime of meaningful work
- a good citizen
- a caring and ethical individual
- a healthy person

Although this list is more eloquent than many other such lists, an extensive review of the goals spelled out in the policy literature, the programmatic literature, and the academic literature on adolescent development completed for the Carnegie Council on Adolescent Development (Pittman, 1991) indicated that the broad themes articulated in *Turning Points* were surprisingly consistent with those of other publications. Throughout the various literatures, a major common theme was the importance of competence. Adults, whether policymakers, professionals, or parents, want young people to develop a set of competencies that ensure their progress in adolescence and equip them for the challenges of adulthood.

Academic competence (knowledge, problem-solving skills, an appreciation for lifelong learning, etc.) and vocational competence stand out in most lists. But most literature also consistently listed concerns about health behaviors and knowledge, personal and social skills, ethics, and citizenship. Again, some sources articulated competencies in the type of positive language just used; but some lists indirectly referred to competencies in these personal and social skills, through the problems that signify their absence. Policy reports, for example, routinely call for reductions in dropout rates, youth unemployment rates, adolescent pregnancy, suicide and substance abuse, violence, antisocial values, gangs, and delinquency.

But there was a second, equally important theme. The academic literature on adolescent development emphasized that the development of competencies hinges on the adequate fulfillment of adolescents' basic needs—and almost every policy report alluded to this fact. Adolescents' needs include safety, structure, membership, strong personal relationships, opportunities to contribute and develop a sense of self-worth, independence and control over important decisions, and mastery. When met, they are the raw materials that build confidence, connectedness, and commitment. Figure 1a/b summarizes the competencies and needs that are the components of youth development.

Gaining an understanding of how these needs and competencies interact during adolescence is a central task for youth development and education reform. Yet current policy and practice ignores this interaction and often denies needs and fragments opportunities for adolescents to acquire competencies. The critical issue for all who say we are committed to the healthy development of youth is: Neither through our policies nor through the assessment of our practices are we putting what we know into action. We are not holding ourselves accountable. The outcomes that we track, measure, and reward in youth and in the organizations and programs that work with youth are too narrow. My premise is that by focusing on single outcomes such as academic or vocational competence (the "credentialed" competencies) and dismissing the value of social and personal skills ("noncredentialed" competencies), we lose the essential insights of how competencies interact to result in positive outcomes.

The Two Components of Youth Development: Competencies and Needs

Figure 1a

COMPETENCIES

The five basic competency areas that define the range of behaviors and skills needed for adult success are:

Health/physical competence: good current health status plus evidence of appropriate knowledge, attitudes, and behaviors that will ensure future health (e.g., exercise, good diet/nutrition, effective contraceptive practices)

Personal/social competence: intrapersonal skills (ability to understand personal emotions, have self-discipline); interpersonal skills (ability to work with others, develop friendships and relationships through communication, cooperation, empathizing, negotiating); coping/system skills (ability to adapt, be flexible, assume responsibility); judgement skills (ability to plan, evaluate, make decisions, solve problems)

Cognitive/creative competence: broad base of knowledge, ability to appreciate and participate in areas of creative expression; good oral, written language skills; problem-solving and analytical skills; ability to learn/interest in learning and achieving

Vocational competence: broad understanding/awareness of vocational (and avocational) options and of steps needed to act on choices; adequate preparation for chosen career; understanding of value and function of work (and leisure)

Citizenship (ethics and participation): understanding the history and values of one's nation and community and the desire to be involved in efforts that contribute to the nation and community.

Figure 1b

NEEDS

Seven basic human needs are fundamental for survival and healthy development:

A sense of safety and structure
A sense of belonging/group membership
A sense of self-worth/contributing
A sense of independence/control over one's life
A sense of closeness/relationships
A sense of competence/mastery
A sense of self-awareness

Expanding Definitions of Positive Youth Outcomes

In the United States, we pour enormous energy into measuring and tracking academic competence. Whether by stamina (years of schooling), progress (percentage in correct grade, percentage performing at grade level), or achievement (percentage mastering certain knowledge and skill bases), an industry is devoted to measuring academic competence. We hold intensifying debates over how academic competence should be defined, when and how it should be assessed, what should be considered the core academic competency areas, and whether there should be standards. Similarly, an industry is devoted to thinking about how academic competence is best nurtured and developed — the pedagogy of instruction.

Educators and others, including businesses, are also showing a newer, but growing, interest in defining, tracking, measuring, and understanding how to build vocational competence. Certainly, most people

have a deeply held belief that vocational competence is a necessary component of adulthood. With the challenge of structural unemployment facing the country, we are now more earnestly exploring the links between vocational and academic competencies. Most educators and others involved with young people, however, still address youth unemployment as a training issue, not as an aspect of broad competency development.

Beyond the credentialed academic and vocational competencies, however, we are not broadly committed to the development of positive outcomes. At best, we may exhibit a broad commitment to the prevention or amelioration of negative outcomes. Educators and others involved with our youth agree that it is in the country's interest to try to ensure that most young people are not grossly incompetent in personal and social skills; but most people show little interest in or even understanding of the need to fully develop these competencies.

We hear more and more talk about health promotion and wellness, but the United States is still very much in a problem-prevention/treatment mode. School-based or school-linked clinics or adolescent wellness centers serve only a tiny fraction of our young people. On the other hand, most school districts have programs to prevent AIDS, teen pregnancy, and substance abuse. Although these efforts are often important supports for students, they are most often delivered without context. We must recognize that ubiquitous substance-abuse-prevention curricula are not enough.

We hear talk about personal and social skill building, but we do not pay systematic attention to providing these experiences and services to young people until *after* they demonstrate that they lack these skills. Yet social skill building is integrally related to learning and the cognitive capacity for decision making. We need more programs like New York City's Teen Choice, which engages young people through group counseling and has follow-up individual counseling available to those who need it. Such programs are rare in most schools.

The development of these noncredentialed competencies is the mission and charge of many youth-serving organizations, both traditional national organizations like the Boys and Girls Clubs and independent, local organizations. As a group, these organizations tend to offer a much wider array of programs and supports than schools, place a higher value on youth participation, and rely heavily on nonformal educational methods. The programs and activities span a wide range of competency areas and may include activities such as sports and recreation programs, life skills courses, community service, homework monitoring, problem prevention, and experiential science and math education. Common practices and strategies of these organizations reflect an understanding of the importance of meeting young people's basic physical and social needs. These strategies include the use of small groups, flexible grouping practices, symbols of membership (e.g., uniforms, T-shirts), and clear structures (regular meetings, codes of conduct) that recognize the importance of structure, belonging, and group membership to adolescents. An important emphasis of such groups is providing adolescents with manageable challenges that encourage and reward progress and develop a personal sense of achievement and thus broaden their opportunities for success. But these organizations struggle continuously against marginality, contending daily with unstable and insufficient funding. There are no public resources invested in making sure that these programs are available in every community and accessible to every young person. In a public policy climate in which there is not even a strong commitment to providing counseling, decision-making skills, interpersonal skill building, and conflict and stress management after problems like truancy have surfaced, the organizations that promote growth and development in social competencies are disrespected and discounted.

Changing this climate requires strategies that broaden our understanding of the relationship of social connectedness and social skills to productive adulthood. One area of progress in this arena is the growing acknowledgement of the importance of providing opportunities for young people to build their citizenship skills by reconnecting to community and the service ethic. The community service movement, linking schools and students with community-based organizations that offer opportunities to contribute, is important for its own contributions to youth development and for the insights it may provide into the nature of interacting competencies. The linking of service activity with reflection in "service learning" approaches is a prime example of a school/community collaboration experience that is not additive, but integrative. The building of the social and citizenship competency through service is joined with the building of cognitive skills. According to the National Center for Service Learning in Early Adolescence, examples of service learning opportunities are multiplying across the United States; and some school improvement programs that began with other core strategies have incorporated this approach. For example, the Center for Collaborative Education, the New York City affiliate of the Coalition of Essential Schools, includes among its principles for student-centered schools "the student as worker and student as citizen."

Service learning is a hopeful development in education/community strategies. It stands in sharp contrast, however, to most current organizations and practices, which remain in the problem-oriented mode. And if we address the noncredentialed competencies only in the problem-prevention mode, young people's basic needs — safety, structure, relationships, membership, contribution, mastery, and self-awareness — are really not addressed at all. Recent public interest in mentoring programs is encouraging but very far from sufficient, and the proliferation of "self-esteem" curricula is a disservice to the solid research base on the concept. Instead, the United States needs a conceptual and value shift — to a commitment to achieving positive outcomes across multiple dimensions for all young people. At present, we do not even have a language in which to discuss positive outcomes. We certainly have no ready capacity to track and measure them. Fundamentally, we have no commitment to hold accountable the organizations that touch youth's lives — particularly those that are imbedded in youth's lives.

Every institution that touches young people's lives should be held accountable for providing, to the greatest extent possible, opportunities to meet the needs that are the prerequisites of competence development and to build the full set of competencies. Institutions (like schools) do not have to be (and, in most cases, should not try to be) comprehensive service providers. All youth-serving institutions, however, should take a common, comprehensive, and positive approach to working with young people who come in their doors. At an absolute minimum, institutions should do no harm.

Defining positive youth outcomes — making explicit the goals and progress markers that adult society has for youth and squaring these with the goals and markers that young people have for themselves — is a critical first step toward being able to enforce this "no harm" role. But it is only a first step. The real challenge is not in creating the lists, but in defining the relationship between these lists and the mandates, missions, programs, and practices of the institutions and organizations that serve youth — schools, health clinics, parks and recreation departments, social service agencies, and employment and training programs. We need a clear delineations of expectations and responsibilities on both sides to create a social contract — a new social contract between adults and youth.

The lists of positive goals for youth now stand as rhetorical guideposts, rather than anchors of accountability. Many institutions allude to them vaguely in their mission statements, but few account for them in their bottom lines. Few schools, for example, would say that they were not in the youth development business. Most have an array of programs and partnerships that suggest that they are attending to the full set of needs and competencies of their students. But few can produce any type of plan that suggests how the school organization, instructional practices, and community partnerships contribute to the overall development of youth. Schools need to question how what goes on in the classroom contributes not just to academic achievement, but to overall development. Few can produce data, even qualitative, suggesting that students are gaining in all areas. Most important, few institutions can claim with much confidence that they are doing no harm. Schools are not alone in being unable to fully address their mission statements. Rather, this critique can be applied to every major public U.S. institution that has a mandate to work with youth.

Why is it important to generate a broader framework for thinking about youth development and defining the critical positive youth outcomes? The answer is that, even in a rough form, a broad framework challenges the ways in which society distributes resources, structures supports, and assesses success with young people. If the five broad competency areas and seven prerequisite needs (see Figure 1a/b) are to be addressed holistically, then we have to be concerned about four facts:

(1) Public expenditures are generally limited to academic training and vocational placement, and the prevention, treatment, or control of problem behaviors by youth.

(2) A disproportionate share of current resources and attention is focused on academic, vocational, and problem-prevention issues, to the exclusion of other needs and competencies.

(3) The organizations and institutions whose major mission and function is assisting families with the socialization and development of children and youth are severely underfunded and undervalued. These institutions — civic, religious, recreational, informal education, and community-based service organizations — are found primarily, but not exclusively, in the not-for-profit sector. (Parks and recreation departments and libraries, for example, are most often public institutions).

(4) Supports are compartmentalized, and institutions take a narrow view of outcomes and their responsibility for young peoples' overall development.

The fact that no one — no profession, no organization, no institution, planning body, or advocacy organization — is willing to or required to take primary responsibility for overall youth development is a critical problem. Someone must take the lead in negotiating common terms of accountability across systems

and developing workable systems of collaboration. Until these tasks are addressed, reforms and strategies — even systemwide reforms — are likely to be piecemeal, problem focused, and limited in their overall impact.

Why hasn't the problem been addressed? On the simplest, most practical level, we lack a common language across professions. We lack specific enough language and descriptors about the types of youth outcomes — both competencies and connections that allow for the meeting of needs. The professions definitely need a working translation dictionary that identifies and relates the terms used in one profession or system to those used in another.

But the real problem is that there is insufficient understanding of or belief in the importance of the connections between the pieces—that competencies are interrelated and that needs and competencies interact. We seem to care most about the adult outcome of economic self-sufficiency. People value education highly because they see it as the best route to self-sufficiency. Most of us tolerate (and only barely support) maintenance institutions (e.g., health care, social services) and problem-prevention and intervention strategies because these institutions and programs are necessary measures to try to keep youth (or their families) on track or get them back on track to complete schooling and find empioyment and because, in the case of early parenthood, for example, such programs can have a direct impact on the level of income and resources required for economic self-sufficiency.

Most people today consider youth development supports and programs, in schools or out, to be beneficial but not critical because they do none of the above. Many people believe these broad programs are too far removed from the goals and problems that currently define the country's interest in youth issues and from the accountability systems that drive the major institutions that serve youth. The dilemma is that a wealth of practical, empirical, and theoretical knowledge suggests that these broader goals, and the policies, principles, and practices that support them, should be central to the economic self-sufficiency equation, not peripheral to it.

We need to develop and synthesize a research base and a cogent research argument that elevates the importance of the noncredentialed competencies and the need-fulfilling connections. We need to connect this argument to what institutions do and what the public now views as important. At the Center for Youth Development and Policy Research at the Academy for Educational Development (AED), we have started to do this work and to track the work being done by others. I have summarized some of this work in the next section. I must note, however, that research evidence is only half the strategy. Just as important, we need institutional policies that legitimize this broader vision. Much good, integrative practice is going on that is unlabeled and, therefore, unnoticed and unsupported. We can build momentum simply by providing leadership, incentives, standards, and a clear call for assessment, innovation, and collaboration in the development of new ways of thinking and of delivering services.

The Evidence That Competencies and Needs Interrelate

Dryfoos (1990) and others have demonstrated that problems covary (i.e., the teen who is truant is also at highest risk of early pregnancy, substance abuse, and delinquency). The flip side of this is also true—developmental psychologists have shown how competencies covary, that young people's cognitive growth is affected by the availability of choice and decision-making opportunities and the capacity to form relationships (Coleman, Partridge, & Partridge, 1987; Connell, 1992; Csikszentmihalyi & Larson, 1984). In concrete terms, many teachers and youth workers have observed that the teen who is doing well in school, is also the one who is involved in the community and has good social and work skills.

This covariance has clear implications for schools. It reinforces the frequent observation that extracurricular activities such as sports or music are effective "hooks" that keep students in school, and it suggests that sustaining engagement in learning may be improved by simultaneous experiences in engagement across more than one competency.

Empirical evidence shows that we need to deal with young people holistically, but this evidence is spread across a variety of fields. It has many implications for practice and policies. Briefly, much of what is found in the literature on adolescent development and youth programs is reflected in the literature on teaching, learning, achievement, and school reform.

An obvious first example is the research on cooperative learning by Robert Slavin (1990), who has found that the use and strengthening of social skills can have a positive effect on cognitive development and knowledge acquisition. Joyce Epstein's (1988) work on improving achievement through changing the expectations and environment of the classroom, for example, is strongly supportive of this assertion, as is the work on active learning (Hedin & Conrad, 1982). Epstein introduces the idea of TARGET struc-

tures — tasks, authority, rewards, grouping, evaluations, and time. She argues that the content, difficulty, interdependence, and sequence of tasks can be varied to make learning enjoyable; that students should participate in planning and decision making; that more and varied systems of rewards should be developed so that student progress is adequately recognized and student enthusiasm encouraged, rather than drained; that students should be grouped flexibly and heterogeneously; that standards for evaluation are set that give students insight into their own effort and abilities; and that connections be made between time and task.

Joan Lipsitz (1980), in the now classic *Growing Up Forgotten*, eloquently outlines the disparity between the research on early adolescents and the programs designed for them and translates this into clear recommendations for addressing the interactive relationship between supportive school environments and academic excellence.

In seeking comparative viewpoints, Harold Stephenson (1992) examines Japanese schools for clues to their achievement successes. In addition to many observations on the use of active learning methods, he observes that what in the United States are considered "extracurricular" additions are central to Japanese schools. Participation in cultural arts and recreation is considered an essential part of education.

A second line of argument is rooted in the evidence that competencies cannot be acquired without context. Research on cognitive development has demonstrated the importance of context to learning (Resnick & Resnick, 1977) and ethnographic studies of community youth programs (McLaughlin & Smrekar, 1988) have identified the critical relationships among context, culture, and motivation to learn (Stich, 1987; Berryman, 1988). A broad collaboration, including shared knowledge and shared programmatic approaches, is needed among schools and community agencies to provide a context that is supportive to learning.

Some of the strongest evidence for the importance of addressing needs and building the noncredentialed competencies is found in an analysis of the numerous prevention programs that have developed and been housed in schools. In *Adolescents at Risk*, Joy Dryfoos (1990) reviews more than 100 programs, most of which are school based. These programs have shown evidence of effectiveness in the prevention of pregnancy, substance abuse, delinquency, or school failure/school leaving. Dryfoos' discussion underlines how much these programs focus on meeting needs—on building connections, confidence, commitment through membership, relationships, opportunities for contribution and participation — and on building the "noncredentialed" competencies — good health behavior, personal and social skills, and citizenship skills.

For example, the Association of Junior Leagues' Teen Outreach Program, now replicated in schools across the United States, was established to address the problems of early pregnancy and school failure. The program is one of the few in the country that has solid evaluation data showing that its direct contributions are reductions in early parenthood, improvements in academic achievement, and reductions in school leaving. The Teen Outreach Program offers young people regular, informal discussion groups on life issues led by a trained facilitator, as well as opportunities for community service. Another program, the Drug Abuse Resistance Education (DARE) program in Los Angeles, stresses the importance of modifying beliefs and acquiring life, social, and personal skills. As a result, a group of students who took DARE in the sixth grade, compared with nonparticipants one year later, showed less total use of alcohol and other drugs since sixth grade.

Finally, we have not only a research base but a base of practical knowledge that suggests enormous opportunities to broaden the assumptions that we—practitioners, parents, policymakers—develop young people; that youth development is the array of programs and institutions that we offer our adolescents. Youth development is not a program. Youth development *is* the ongoing process in which all young people are engaged in meeting their physical, personal, and social needs and in building a set of skills and competencies that seem useful in their present lives and in the future. All young people are engaged in their own development — those in gangs, those in college, those involved in multiple youth programs, and those in none. The value of engaging young people in the design, implementation, and assessment of their own learning is strongly documented in the education research literature.

Youth development goes on whether or not adults offer supports. It is precisely because of this that adults have a responsibility to offer supports, opportunities, and services that help young people find socially positive and constructive ways to meet their needs and to develop and use a broad array of competencies. Increasingly, educators and others involved with young people are analyzing gang membership and trying to understand it in this context. Without romanticizing gang members or condoning their actions, we must acknowledge that gangs do meet needs and offer opportunities to members to build competencies. Membership is often the only way to ensure safety. Gangs provide structure and strong social relationships, including older youth mentors, opportunities

to contribute, and independence. Moreover, gangs teach skills and reward competence. The growth of gangs indicates that young people, even those who are most disconnected from mainstream society, seek ways to meet their needs and gain skills and a sense of mastery.

Parents, teachers, administrators, and young people all understand the connection between competencies and needs; and all understand the important role that schools can play:

- A 1987 study conducted by Louis Harris and Associates for the Metropolitan Life Insurance Company found that a majority of the more than 1,000 teachers interviewed cited isolation and lack of supervision as major reasons that children have difficulty in school.
- A study of 865 10- to 15-year-olds in Madison, Wisconsin, found that young adolescents without after-school activities were more susceptible to peer pressure to engage in undesirable behavior than were children with activities.
- Nearly 4 out of 10 teens polled in a 1988 American Home Economics Association survey felt that schools, at best, do only an adequate job of teaching the life skills necessary for responsible and productive adult life.
- High school seniors surveyed in a Minnesota youth poll in 1983 indicated that social and personal skills were some of the most important things they learned in school (Seligson & Fink, 1989).

Moreover, empirical research from a variety of disciplines documents the connection between meeting needs, developing competencies, and reducing problem behaviors:

- Two-thirds of the young people surveyed in youth participation programs in Israel and the United States reported that they learned more or much more in their community experiences than in their average class in school. Additionally, participants showed greater increases in problem-solving skills, in their levels of personal and social responsibility, and in their attitudes toward people different from themselves than did nonparticipants (Hedin, 1982).
- Among 6th through 12th graders who are in single-parent families or families with a history of abuse or parental addiction, those who participated in religious organizations, school extracurricular activities, or community clubs and organizations were significantly less likely to exhibit "at-risk" behaviors than those who did not. For example, 42 percent of the youth who reported no at-risk behaviors were involved in community clubs and organizations compared to only 29 percent of those who reported five or more at-risk behaviors (Hedin, 1982).

The Need for Policy Leadership: Charting a New Course for Vision Setting, Assessment, and Cross-Sector Collaboration

Applying the youth development framework has many implications for schools. First, we must endorse and expand many of the directions in educational reform across the areas of school governance, structure and organization, instructional practices, and community partnerships. Prevention programs, such as the ones described earlier, exist in schools across the United States — but they are not part of the institutional fabric of schools. They come and go with funding and fads. Prevention programs are allowed to quietly coexist next to institutionalized practices that run counter to their own (e.g., in the classroom, students are not encouraged to make choices or exercise leadership, or are actively discouraged from doing so, whereas in the "program," they are actively encouraged to make important choices and develop leadership skills).

Second, we must encourage young people to participate in community organizations that support youth development — youth orchestras, recreation and sports organizations, community youth centers (public and private), camps, Saturday academies, religious organizations. We currently underuse — and underfund — such enterprises. They are a key piece of the institutional puzzle that must be put together to build supportive communities. They complement schools not only in services and activities, but also in structure and function. In these organizations, young people attend voluntarily, and they have more freedom to choose activities and to progress at their own pace. The emphasis is not on competition but individual and group achievement, and young people can attach to an organization (and to the people within it) for longer periods of time and in more complex ways.

Critical to the complete transformation of schools into youth development organizations is the adequate valuation and assessment of structural and pedagogic and curriculum changes being recommended and implemented. For example, if we perceive teamwork and leadership skills to be legitimate and important educational outcomes, then we would value cooperative learning. It would be difficult to argue against some form of cooperative learning used as a base for the organization of classrooms and students.

Many examples of innovation and good practice are going on in schools. Unless we make a fundamental shift in the way we assess innovation and practice, however, we will not create lasting institutional structures and policies that support overall youth development.

Building on the strong momentum begun with this wave of educational reform, educational policymakers should seize the opportunity to forge real collaborative partnerships with the other institutions and organizations engaged in youth development in the fourth sector—socialization and development. (In the first sector, schools and employment training organizations focus on credentialing; in the second, health and social service organizations focus on treatment; in the third sector, police and justice organizations focus on control.) While the resource base is obviously in the schools' favor, the conceptual work and programmatic experience is not. Educators need to talk seriously with others who are involved with young people in socialization and development organizations. As stated earlier, many of these groups offer programs within the school walls and in the school communities.

The charge is difficult because the task is not just to find ways to collaborate on service delivery. We must develop a common vision, shared assessments of supports, and a common accountability system. Schools that accept this challenge will engage simultaneously in a process of collaboration building and program redefinition. They will change both because they are forging new service partnerships to enhance youth development and because their partners are helping them shape and institutionalize programs and practices that address this goal. State education policymakers will play an essential role in the successful completion of these tasks:

- They will have to articulate urgency, vision, and direction.
- They will have to offer rewards and incentives, as well as technical assistance, as schools assess their impact as youth development organizations.
- They will have to establish clear indicators of system and student progress that reflect the broadened lines of accountability.

Youth development is an ongoing, interrelated process of meeting needs and developing and using competencies. If we want to assess the extent to which an organization is contributing to youth development, we have to assess not the content of its programming, but the environment it creates for young people and the extent to which it actively relates to and contributes to the larger environment in which youth function. We need to assess schools on three fronts:

(1) The extent to which the school functions as a healthy community that is supportive of youth development.

(2) The extent to which the school functions as a youth development organization in the community in which it exists.

(3) The extent to which the community functions in and relates to the school.

This assessment will require some very different tools and measures. For example, for the first goal, to function as a healthy community, schools must demonstrate that, at a minimum, they are doing no harm in each of the five competency areas and each of the seven needs areas. Ideally, as one of the central youth development organizations in a child's life, schools should go well beyond this baseline.

In another example, in the area of vocational competence — preparation for the work force—schools, as communities, should see themselves as employers. Every student in the school should have an important and meaningful job. Every student should be developing specific skills and experiences that can be added to his or her resume. Every student should be given performance reviews and recommendations. Obviously, every students' job is to be a student. Meeting the these criteria even in this narrow definition of "job" requires implementing many of the changes in teaching, testing, grading, and sorting being recommended by reform experts.

But let us go beyond this. Aren't there other jobs in the school community? How are they delegated? How are they rewarded? Too often, the other jobs—hall monitor, newspaper editor, student council member, patrol, line leader—are given out as rewards to those who excel or, at a minimum, behave in class. Is this the best use of these jobs? Is this practice supportive of youth development? Tracking systems could easily be put in place that assess schools' (and, within schools, classrooms') success at developing jobs that students value, developing job descriptions that reflect job-specific employment criteria, and at opening up the application process to the full student body. Student success could be measured not just in academic performance but in connection and contribution to the school community.

This task could be carried through in the second goal. Students could be given recognition for the "jobs" that they hold in the larger community. Schools could be more actively connected to organizations wanting volunteers or part-time paid staff, could place more emphasis on getting students to assess the learning that happens on the job, and could give credit for out-of-school experiences.

This type of thinking can be done for each competency area and each need area. We do not need to have definitive criteria and indicators to get the process underway. The challenge is to begin the shift in thinking that we need.

Conclusion

The most well-developed, best funded, best monitored institutions that youth interact with are schools. We have debated for decades why and how we have ended up with institutions that are, far too often, constraining and even hostile environments for young people. The answer is simple. Rhetoric and good intentions aside, institutions are driven by their accountability systems. Schools are held accountable for attendance, matriculation, and achievement. Schools are not held accountable for their environments (beyond, perhaps, the assurance of basic physical safety). Schools are not held accountable for the development of competencies beyond academic skills. As much as the sentiment is there to alter the environment and broaden the definition of education, the institution will not change until the bottom-line definitions of accountability change.

Schools are, as they should be, in the education business. As long as the broader goals and strategies of youth development are seen as secondary unless they can be integrally and unequivocally connected to academic achievement, they will not be vigorously embraced. Similarly, as long as the underlying goals of much of the programming going on in schools that is supportive of these broader goals is couched in problem-prevention language, it will not be institutionalized.

Opportunities for participation in music, sports, arts, drama; chances to play meaningful leadership roles within the classroom and the larger school community; activities that bring students together as equals across racial, ethnic, class, gender, and achievement lines; solid skill-building in problem-solving, decision-making, interpersonal relationships, conflict resolution, and family communication; opportunities to build lasting friendships and to contribute; multiple avenues for engaging in discussion with adults and seeking guidance from them—these are things that students consistently say are important to them. Yet these are the types of programs, activities, and supports that are consistently cut from education budgets in hard times because they are seen as secondary to the educational mission. A more than ample research base suggests that these activities and supports are central to the educational mission. The challenge is to build and articulate the vision that places them at the center and to find and value the partners that will help keep them there.

References

American Home Economics Association (AHEA). (1988). *Survey of American teens.* Washington, DC: Author.

Berryman, S. (1988). *The economy: Literacy requirements and at-risk adults.* New York, NY: Institute of Education and the Economy, Teachers College, Columbia University.

Carnegie Council on Adolescent Development. (1989). *Turning Points: Preparing American youth for the 21st century.* New York, NY: Carnegie Corporation of New York.

Coleman, L., Partridge, S., & Partridge, R. (1987). *Unattended children.* ME: Human Services Development Institute.

Connell, J. (1992). *The importance of learning about and building on the policies, programs, and effects of voluntary youth-serving organizations.* Philadelphia, PA: Public/Private Ventures.

Csikszentmihalyi, M., & Larson, R. (1984). *Being adolescent: Conflict and growing in the teenage years.* New York, NY: Basic Books.

Dryfoos, J. (1990). *Adolescents at risk: Prevalence and prevention.* New York, NY: Oxford University Press.

Epstein, J.L. (1988). *Schools in the center: School, family, peer, and community connections for more effective middle grades schools and students.* New York, NY: Carnegie Task Force on Educating Adolescents, Carnegie Corporation.

Harris, Louis and Associates, Inc. (1987). *The Metropolitan Life survey of the American teacher.* New York, NY: Metropolitan Life Insurance Company.

Hedin, D. (1982). *School and community participation: A cross-cultural perspective in childhood education.* 59(2).

Hedin, D. & Conrad, D. (1982) *The impact of experimental education on adolescent development.* In Hedin and Conrad (Eds.) *Youth participation and experimental education.* New York, NY: Haworth Press.

Lipsitz, J. (1980). *Growing up forgotten: A review of research and programs concerning early adolescence.* New Brunswick, : Transaction Books.

McLaughlin, M. W., & Smrekar, C. (1988). *School-linked comprehensive service delivery systems for adolescents.* New York, NY: Carnegie Council on Adolescent Development, Carnegie Corporation.

Pittman, K. & Wright, M. (1991). *A rationale for enhancing the role of the non-school voluntary sector in youth development.* New York, NY: Carnegie Council on Adolescent Development.

Resnick, D.P., & Resnick, L.B. (1977). *The nature of literacy: an historical exploration. Harvard Educational Review 47.*

Seligson, M. & Fink, D.B. (1989). *No time to waste: An action agenda for school-age child care.* Wellesley, MA: Wellesley College Center for Research on Women.

Slavin, R. (1990). *Cooperative learning: Theory, research and practice.* Englewood Cliffs, NJ: Prentice Hall.

Stevenson, H. (1992). *The learning gap.* New York, NY: Simon & Schuster.

Sticht, T. G. (1987). *Functional context education: Workshop resource notebook.* CA: Applied Behavioral and Cognitive Sciences, Inc.

Current Human Service Reforms

Ruth Massinga
The Casey Family Program

My experiences in collaboration have included service in two governor's cabinets, where I was responsible for human services — including public welfare, child care, child welfare, and for a time, unemployment compensation and employment and training programs. Those were really frustrating times and, simultaneously, professionally defining periods as I struggled with my colleagues in education, health, and juvenile justice to identify common languages and contexts. We tried to develop some empathetic understanding of our individual proposed and collective missions, delivery systems, and expected outcomes. We worked to build a shared agenda to serve a common constituency — poor families who were having trouble making it. We soon began to appreciate that what we really had in common was the widespread public disdain and lack of confidence in our individual or collective systems. We almost seemed to be competing with each other in a sad Olympics of disapproval and scorn. Bonding together was required, if for no other reason than to have a mutual cheering section.

These collaborative experiences occurred only three years ago — before national recessionary pressures raised public welfare and unemployment rolls to all-time highs, before state Medicaid budgets went out of control in response to federal mandates to increase services, and before we witnessed the skyrocketing costs of long-term care for the elderly and disabled. These pressures have squeezed even further the tight state and local funding available to meet the justified demands for system reform goals in social services, child welfare, and education.

Public welfare, health, and social services commissioners of today face tough choices between national and state mandates that thinly mask the realpolitik of the public policy choices made daily. These choices determine which families we collectively encourage to thrive and which to fend for themselves. In a real sense, system reform can be a slick, modern-day triage arrangement, with a host of technologically correct attendants; or it can be a courageous rethinking of societal institutions and values that breathe life into the Council of Chief State School Officers (CCSSO) policy statement of November 1988 on early childhood and family education:

> There is no more essential or more sensitive challenge before us than to create new partnerships and shared responsibility for the development of young children (CCSSO, 1988).

My view, then, of the potential results of multisystem reform and regeneration being undertaken in public assistance, child welfare, and health starts with the question: *What kind of society do we want to be and, thus, be mirrored in our human resource institutions?* If, in fact, we value mutual support and shared responsibility between the public sector institutions and all families for solid development of all of America's children, the means we undertake to reach those goals should reflect those values.

On the other hand, if the meaning of shared responsibility is weighted more toward individual families' shouldering responsibility for good outcomes for children whom we define as "at risk," more or less on their own, then let us define the consequences of goal achievement and goal failure primarily in terms of those individuals, with institutions playing a necessary but subsidiary role. Our current public rhetoric promotes a both/and rather than an either/or decision path. At best, it is confusing to both individuals and institutions. At worst, our words paralyze and defer the sorting out and focusing of our efforts to redefine institutional work. Yes, it is important to reform seriously flawed systems; but a purely instrumental or

Ruth Massinga is Chief Executive of the Casey Family Program, Seattle, Washington.

technocratic approach to reform, I fear, will leave the public, the reformers, and the families as unsatisfied as we now are. In large measure, defining our value preferences is at the heart of the current political debate about the direction the United States must take into the 21st century.

I vote for grounding our initiatives in the notion of shared, mutual support — at individual, familial, neighborhood, and institutional levels. How much responsibility families or institutions will bear will vary, based on shifting strengths, expertise, and ability to act in ways to achieve results.

One of the clearest examples of mutual obligation is the debate on limiting participation in public welfare programs, whether that means reduced or limited benefits, in addition to time-limited duration of services. It is clearly in the best interest of the larger society that our national productivity and earnings be increased by the work of as many citizens as possible. It is not useful to the nation nor to poor families that men and women who could be productive remain out of the work force. We must unequivocally state our national reliance on their work effort. We need to affirm the obligation of heads of households who could work to do so; and we need to establish associated consequences that can be fairly and seriously applied.

At the same time, we must extend job creation, job training, and family supports for working families to these new entrants to the work force. Initially, there will be more concentrated community efforts and costs, but these will diminish as the new workers grow more sturdy economically. We must insist that goals of reforms be articulated in value statements that all of us can understand. And we must agree on these values as a necessary condition of sorting through the appropriate tactical approaches that will reach the desired outcome.

Having shared my biases, based on experiences in Maryland and on watching and talking with colleagues around the United States, I want to discuss various system reform efforts that are currently being undertaken and suggest implications for dynamic collaborations across sectors that will lead to positive mutually reinforcing agendas for families and children.

Welfare Reform

During the final debates on the bill that became the Family Support Act of 1988, many champions of the bill (including myself and other public welfare commissioners) believed that a new social contract between the government and welfare recipients, between liberals and conservatives, and between states and the federal government was being ushered in.

This act required families receiving welfare to actively take and sustain steps to become economically self-sustaining. At the same time, government assumed the obligation to provide the means to assist these families become economically self-sufficient. Congress authorized up to $1.3 billion in federal matching funds for the new JOBS program by 1995, when 20 percent of nonexempt welfare recipients are to participate in state employment, education, and training services.

Since the new law provided that parents of children three years and over were required to participate in the JOBS program, open-ended federal matching funds for child care were to be made available, at a rate ranging from 50 to 80 percent federal/state contribution, based on the current Medicaid funding rate for that state. Medicaid benefits were to be continued for up to 12 months after the recipient started work, and a beefed-up child support system provided states with incentives for establishing and collecting on financial support from the absent parent. All these provisions were built on previous evidence from state experiments that, in combination, a balanced incentive and obligation package would make work pay off for the welfare recipient and the other taxpayers.

How are states responding to the challenge to get moving in implementation of this ambitious reform? The overarching influence is scarce state dollars. In a study of 10 states' initial efforts, Jan Hagen and Irene Lurie of the Nelson Rockefeller Institute of Government of the State University of New York conclude:

> States are making widely varying efforts to fund JOBS. The majority are spending considerably more on JOBS than on previous welfare employment programs. Oregon plans to spend enough, or almost enough, to draw down its full allocation of funds, as does Maryland, while Mississippi and Tennessee have appropriated very limited additional revenues for JOBS services. Administrators in half the states reviewed attributed their states' decisions to limit expenditures to constrained fiscal conditions. Funding may also have been restricted for JOBS by the need to comply with mandates of the Family Support Act to provide AFDC-UP benefits, child care and transitional benefits (Hagen & Lurie, 1992).

Indeed, as states were implementing the Act to reduce the welfare rolls, thousands of additional entrants flooded the system over the last three years. On July 3, 1992, the American Public Welfare Association reported that 25.84 million people, or every 10th American, were receiving food stamps and that 4.8

million families, including 3 million children, were receiving aid to families with dependent children (AFDC) as of April 1992 — marking the 33rd consecutive month of growth in the numbers of recipients of public aid.

And so the policy choices facing states are stark:

- Who is helped to move on, training and competing for work in an economy with a 7.8-percent unemployment rate in June 1992? (A rate that usually does not include these people).
- Who is helped with minimum benefits and strongly encouraged to get off welfare?
- Who is barred from entering the doors of the system at all?

Many states are moving to constrain benefits and raise eligibility requirements aggressively. These choices are rarely presented and sold in value-neutral ways; rather, the language surrounding the policy choice ranges from resurrecting the image of the welfare queen in the Cadillac that former President Reagan made so famous to the present-day myth of the woman who repeatedly gets pregnant to raise her benefit level.

The first article in a current *New York Times* series, "Rethinking Welfare," examines benefit levels around the country and finds:

> Over the last 20 years, a time when more popular benefits like Social Security were regularly adjusted for inflation, the purchasing power of welfare and food stamp benefits for single mothers declined by an average of 27 percent, according to U.S. House Ways and Means Committee data.

Levels of generosity vary markedly: as of January [1992], a needy single mother with two children in Texas received combined benefits of $476 a month, just below Louisiana's but above Alabama's and Mississippi's. Among the better paying states are New York, at $806, and California, at $850. In 1991, 31 states froze AFDC benefits, and nine states cut them (*New York Times*, 1992).

Many of the large industrial states are moving to restrict and reduce benefit levels through a series of referenda, waiver requests, and legislative actions. In July 1992, Secretary Lewis Sullivan announced approval of the New Jersey request to eliminate benefit levels for a second child born to a single mother on welfare in that state. Californians will vote on a ballot initiative sponsored by Governor Pete Wilson to reduce welfare benefits by 10 percent, with an additional 15-percent reduction for families with an "able-bodied" adult that have been on the rolls for six months. Wisconsin's Governor Tommy Thompson advocated an approach dubbed *Learnfare*, which reduces assistance for families whose children do not regularly attend school. Thompson has also promoted a reduced benefit level for newcomers into the state, asserting that Wisconsin is a mecca for families from low benefit states. Finally, Arkansas' Governor Bill Clinton is advocating a two-year time limitation for welfare receipts as a centerpiece of his welfare reform proposal.

And so the public debate currently raging about welfare reform is enmeshed completely with the impacts of the recession and the longer term global economic realignment. AFDC accounted for 0.9 percent of federal outlays for fiscal 1991 and 2.2 percent of states' outlays in the same year, for a combined total of $25 billion of state and federal dollars (*New York Times*, 1992). Federal and state governments must enter into serious, rational discussions about how much of an overcommitted dollar we wish to spend on economic support for people on welfare.

Similarly, I yearn for a time when we can be candid with each other and say that none of us, especially recipients, like the way we feel about our present-day welfare system. Unlike the 1936 practice, we are not interested in supporting poor, stay-at-home moms while more and more women go into the work force. And so we want to turn the purpose of welfare upside down, re-enforcing the mutual obligation of the nation's citizens and its government to enhance the productivity and well-being of all of us, and especially the poor, by providing the means for them to get to work and into an expanding economy.

Finally, we need to put serious brain power into the best means of getting there. In 1987, welfare commissioners went through that process. We have become so involved in implementation, however, that we have reminded ourselves lately—out loud—why we are doing all of this. A further impediment is that in the present political and economic climate, race and class conflicts cloud our public discourse and thwart the development of the political will to tackle the issues honestly and effectively. I am sure that there are immediate parallels that arise in this audience; instead of discussing adequate support for educational reform and the proper level of support and the subsequent distribution of federal, state, and local funding, we debate parental choice, privatization, and other important, but different, issues as if they mean the same thing, and as if the ways to attack them are the same.

In the meantime, governors, state public welfare commissioners, Job Training and Partnership Act (JTPA) officials, other state-level employment officials, and educators are entering into various agreements to provide significant adult education, child care, and other support services to families now receiving public assistance who want, or are being urged, to prepare for jobs. Quoting from the implementation study prepared by the Rockefeller Institute:

The role of educational services in welfare-to-work programs is perceived by state administrators as having increased as a result of JOBS or state initiated welfare-to-work programs preceding JOBS. States project at least modest increases in the number of participants receiving educational services and in expenditures for these services under JOBS. The role of state education agencies in state JOBS programs is an emerging one. States have established, or are beginning to establish, linkages between state welfare and education agencies through both financial and non-financial interagency agreements for services. Four states (of the ten reviewed) have developed specific mechanisms for fostering the coordination of welfare and education services on the local level (Hagen & Lurie, 1992).

What are the prospects for long-term success of the Family Support Act? Judith Guern and Edward Pauly of the Manpower Demonstration Research Corporation, the respected research organization that has designed and managed several major investigations of state-level experiments geared to getting welfare recipients off welfare, have reviewed the evidence gleaned from 15 years of effort in a 1991 Russell Sage Foundation publication, *From Welfare to Work*. They find that *employment and earnings impacts did not occur when resources per eligible individual were too low to provide employment-directed assistance or when programs were operated in rural, very weak labor markets.*

They remind us that, to date:

> Caseload reductions have not been dramatic and increases in people's standard of living have been limited. . . . It is important to learn in future studies whether programs that focus on increasing welfare recipients' human capital—such as their educational and occupational skills levels—can produce better results, particularly for long-term recipients (Guern & Pauly, 1991).

Despite the fanfare accompanying the Family Support Act of 1988, we spent $1 billion in 1991 for education and employment for 7 percent of the welfare population; whatever the mechanism advanced by either conservatives or liberals to move more aggressively, the increased costs range from $10 to $45 billion.

Child Welfare

As a member of the National Commission on Children, and through affiliations with many other child serving and child advocacy groups, I note the remarkable consensus about the problems and the potential cure for the U.S. child welfare system. Virtually every foundation, whether community based or national in scope, most state or local social services commissioners, and policy experts who range from the Children's Defense Fund to the American Enterprise Institute agree in broad measure with the focus of child welfare system reform in the Commission's findings:

In 1980 Congress enacted the Child Welfare and Adoption Assistance Act (P.L. 96-272) to reform the child welfare system and prevent children in the states protective custody from being "lost" in substitute care. This law was intended to prevent the removal of children from their homes except when absolutely necessary and, through "permanency planning," to return children to their families or place them in relatives' homes, adoptive homes, or other permanent living arrangements. Initially, the law succeeded in meeting its major goals. From the late 1970s to 1985, there were significant decreases in the number of children in out-of-home care, reductions in the average time children remained in the child welfare system, increases in the foster care turnover rate, and more intensive in-home services for vulnerable children and their families. These trends were reversed in the mid-1980s, however. The growing number of troubled families — largely because of drug use — has overwhelmed the child welfare system. Children today are typically placed outside their homes, with few accompanying supports and services to strengthen and reunify their families.

The growing number of children in out-of-home placements is also the product of misguided federal and state funding incentives. Federal funding for preventive and family support services is fixed each year and has barely grown in the past decade, while funding for out-of-home care is supported by an open-ended entitlement that grows automatically according to need. As a consequence, the federal government makes significantly more money available to states for out-of-home placement than for support services to strengthen families and prevent removal of children from their homes. This encourages states to place children in out-of-home care rather than to help troubled families overcome their problems and maintain custody of their children.

Title IV-B of the Child Welfare and Adoption Assistance Act provides funds to states for family support, prevention, and reunification services. Federal appropriations (that is, funds actually provided) consis-

tently fall short of the program authorization (the maximum amount of funding that may be provided), which itself has historically underestimated the actual demand for these services. Between 1977 and 1989, Congress maintained the authorization for Title IV-B at $266 million, and the program grew only 10 percent in constant 1981 dollars during this period. In 1989 the authorization was increased to $325 million; however, Congress appropriated only $273 million for FY 1991.

In contrast, under Title IV-E of the act the federal government provides open-ended matching funds to states for out-of-home placement. Congress recently budgeted $1.8 billion for foster care services for FY 1991. Funding for Title IV-E increased dramatically during the 1980s, in response to the rising number of children placed in alternative care and growing claims for state and local administrative responsibilities. Between 1981 and 1991, administrative and program-related expenses increased from $30 million to $882 million. In this case, however, administrative expenses include more than just record-keeping and reporting tasks. As defined by P.L. 96-272, administrative expenses include referral of troubled families to child welfare services, preparation for and participation in judicial determinations of child placement, initial development and continued review of a foster child's case plan to determine when reunification with the family or adoption is appropriate, and recruitment and licensing of foster homes and institutions.

The scope and structure of Title IV-E funding gives states a strong financial incentive to place children in foster care rather than to provide intensive family preservation and support services to keep families together. As a result, children are often removed from difficult or potentially dangerous families prematurely or unnecessarily (National Commission on Children, 1991).

The Commission concurred with the American Public Welfare Association's Commission on Child Welfare and Family Preservation in recommending a three-tiered approach geared to strengthening families and avoiding unnecessary out-of-home placements. Let me share the Commission's recommendations:

The National Commission on Children recommends a comprehensive community-level approach to strengthen families. We believe that early family support and the availability of preventive services will ultimately lessen the need for children to be removed from their homes. We therefore urge that programs and services for vulnerable children and their families be restructured to include three complementary approaches:

(1) Promoting child development and healthy family functioning through locally controlled and coordinated community-based families support networks that offer access and referrals to a broad range of services, including health and mental health care, education, recreation, housing, parenting education and support, employment and training, and substance abuse prevention and treatment.

(2) Assisting families and children in need in order to strengthen and preserve families that voluntarily seek help before their problems become acute. Human service programs—including health and mental health, juvenile services, substance abuse programs, education, and economic and social supports—must collaborate to provide prevention and early intervention services that offer practical solutions to problems faced by families in crisis.

(3) Protecting abused and neglected children through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or to provide permanent placement for those removed from their homes. In particular, when babies are abandoned at birth and when repeated attempts to reunify older children and parents have failed, the adoption process should be streamlined to expedite placement of children in permanent, stable families (National Commission on Children, 1991).

In 1992, the U.S. Congress began to reverse the federal financial incentives that promote unnecessary foster care placements. On July 2, 1992, the House Ways and Means Committee approved the Children's Initiative (H.R. 3603), authorizing an additional $3.5 billion over five years to create a permanent, capped entitlement program under Title IV-B of the Social Security Act for services to strengthen and preserve families. The Act would be funded at a $200 million level in FY 1993 and rise to $600 million in FY 1997. Should the full Congress vote to support this initiative, states would have additional funds to devote to family preservation and aggressive work to return children home or to adoptive placement.

At the same time, national foundations, notably the Annie E. Casey Foundation and the Pew Charitable Trusts, are leading the way, together with selected state partners and other foundations, intermediaries, and evaluative bodies, in giving life to the long-term comprehensive child welfare system that is contemplated in the Commission's report and in P.L. 96-272. In 1988, the Casey Foundation began a five-year relationship with the states of Maryland and North Dakota aimed at reducing out-of-home placements in those states across the major systems (child welfare, mental

health, and juvenile justice) and, in Maryland, to link the newly evolving children's services system and job opportunities for poor families. More recently, Casey is helping the state of Tennessee address similar issues (Annie E. Casey Foundation, 1991, 1992). The Pew Charitable Trusts are contemplating support for system reforms directed to similar outcomes in other states.

The Edna McConnell Clark Foundation has provided long-term support for establishing and evaluating family preservation efforts in 12-14 states. Increasingly, the Clark effort is focused on developing strong family preservation work across categorical boundaries — for example, mental health, developmental disabilities, and drug treatment.

Almost before these initiatives to improve child welfare outcomes begin to thrive and mature, second-, third-, and fourth-generation efforts are burgeoning across the United States. Some of these efforts include partnerships between foundations and federal and state government, and some are initiated at the state or local level. All are linked by common values and operating assumptions:

Multidisciplinary efforts are more effective ways to provide services to families — joint efforts are *in*, categorical programs are *out*; multigenerational bundling of services is supported as a more helpful and effective way to engage stressed families who frequently are unable to comprehend and negotiate a single system — for example, welfare reform activities are planned in relation to early childhood and development expansion. Maternal and child health network and family support networks are housed within school or neighborhood center settings — collaboration involves simultaneous and complimentary interventions with family members who are at different stages of their life course. Helpers are expected to be able to anticipate emerging needs of each family member and help the family grow — family-friendly is *in* — organization for bureaucratic convenience is *out*.

Merged or collaborative services require new ways to fund the new delivery system, with various funding agencies planning together, to discover potentially new uses of federal and state funds, as well as more efficient and creative uses of currently available funds. Fundability is *in* — single stream support is *out* (Massinga & Cargal, 1991).

Several such state initiatives are reported elsewhere in this book. Human service managers in various disciplines are busily engaged in the hard work of *cross training*, sorting out *evaluation systems*, and figuring out how the *quality assurance* processes really work. Total Quality Management (TQM) is being applied, in making sure the initiative is relevant to all players and that follow-through is sustained by all management systems.

The emerging new way to do business — services integration — is based on the assumption that government systems, too, can operate on the same principles of mutual obligation and reciprocity of responsibility that poor families are asked to follow. I believe it is a sign of health, or wisdom, or self-protection, that the currently reviled systems — education, general welfare, and child welfare — are working hard to redefine themselves in ways that can mirror what we want for all families. It is especially encouraging — and instructive — that state school reform initiatives increasingly anticipate linking, even integrating multidisciplinary, family-focused services. Kentucky's Family Resource and Youth Service Centers is the most ambitious of these efforts, anticipating resource centers linked to 1,200 schools. Although that scale is scary, it is important that large-scale efforts come on line in some states, so that we can all see the effects and face implications, intended and unintended.

The Spring 1992 issue of the journal *The Future of Children* is devoted to descriptions of efforts now underway to link and integrate services to families and children within the orbit of schools. The criteria for effective linkage provided by the staff are all excellent, and I would not delete any of them (Larson et al., 1992). Regardless of location, goals, and types of changes we undertake, these complicated, bold, reform initiatives depend for their success on stakeholders at all levels. Beginning with each of us in our roles as engaged citizens, stakeholders include line social workers, eligibility workers, teachers, nurses, chief state school officers, state government officials, and especially the branches of the federal government. We must be willing to trust and legitimize each other's motives, perceptions, and interests.

Anticipating and managing differences up front is a major key to resolving collaborative efforts. The active, sustained leadership required of chief state school officers in both the planning and execution of these new efforts cannot be emphasized enough. Without doubt, superintendents and other school officials will have occasions to tire of the effort, of the seeming perpetual reinforcing they will be called on to do. Staff members will often expect familiar bureaucratic protectionist behavior — and when that test comes, as it surely will, officials will feel both courageous and worried.

The system reforms we are embarked on have high stakes for the nation and its poor families, undertaken within systems that enjoy little public confidence or expectation for real improvement. The hoped for results are uncertain; and our change processes are

also, at best, uncertain, if not suspect. If *real* collaboration is to occur, we must buy into a belief, a vision, a set of values that affirms the creative potential of managing differences, together with "a constructive process for designing creative solutions to complex multiparty problems" (Gray, 1989).

The contract between the governed and government for the 21st century must assume that U.S. institutions must be competent in acting responsibly toward the most vulnerable citizens, who are rightly challenged to respond to help themselves become productive and self-sufficient. Chief state school officers have an unparalleled opportunity to examine and affirm that belief, enhancing the chances for success for both these citizens and their changing institutions.

References

American Public Welfare Association (APWA). (1992, July 3). This Week In Washington, *13*(27). Washington, DC: Author.

Annie E. Casey Foundation. (1991, Fall). Focus. A Quarterly Report from the Annie E. Casey Foundation, (pp. 15).

Annie E. Casey Foundation. (1992, Winter). Focus. A Quarterly Report from the Annie E. Casey Foundation, *4*(2), (pp. 25).

Council of Chief State School Officers. (1988, November). *Early Childhood and Family Education: Foundations for Success.* Policy Statement. Washington, DC: Author.

Gray, B. (1989). *Collaborating: Finding Common Ground for Multiparty Problems.* (pp. 24-25). San Francisco, CA: Jossey-Bass.

Guern, J.M., & Pauly, E. (1991). *From Welfare to Work.* (pp. 10-11). New York, NY: Russell Sage Foundation.

Hagen, J.L., & Lurie, I. (1992, March). *Implementing Jobs: Initial State Choices.* (pp. 3, 7). Albany, NY: The Nelson A. Rockefeller Institute of Government, State University of New York.

Larson, C., Gomby, D., Shinono, P. Lewit, E. & Behrman, R. (1992, Spring). *School-Linked Services: The Future of Children. 2*(1), (pp. 6-16).

Massinga, R., & Cargal, J. (1991, May). *Foundations and Family Based Services: Support, Innovation and Leadership.* The *Journal of Families in Society, 72*(5), (pp. 301-309).

National Commission on Children. (1991). *Beyond Rhetoric.* (pp. 289-290). Washington, DC: U.S. Government Printing Office.

The New York Times. (1992, July 5). 1, 13. New York, NY: Author.

Taking a Family-Centered Approach

Judy Langford Carter
Family Resource Coalition

As a young elementary schoolteacher, I often fantasized about what it would be like to tell the state officials exactly what I thought about the school system they were running. I was one of those obnoxious '60s college students who gave up a promising career as a Greek classics major to revolutionize what I considered to be the stagnant, unresponsive school system from the bottom up, by moving into early childhood education as a teacher and joining the ranks of Head Start evaluators and advocates who believed that we could make a difference in the lives of poor children. It turned out to be a lot more interesting than translating *The Alcestis* or the 24th book of *The Iliad* from Greek into Latin and then into English.

More than 20 years and many experiences later, I know I made the right choice. We found out that we could make substantial differences in the lives and learning of children. We found out that early childhood programs actually work, and that the original ideas reflected in early Head Start work that I did myself were right: Among other things, involving parents in the education of their children is a powerful force in their children's ultimate success in school.

In the intervening years, however, we have also found out that the stodgy school system I thought was so stagnant in the late '60s had a lot more problems than a lack of imagination when it came to curriculum. And that the children who come through the school doors each morning today face deeper, wider, higher challenges than the "simple" poverty we were trying to address through Head Start. I am no longer the young elementary schoolteacher, but I am still glad to be able to communicate with chief state school officers and other school leaders.

Other things have changed, too, of course. First, state officials are no longer all male, thank goodness. Second, I have come to know that you are long-suffering people brave enough and persistent enough and energetic enough to continue to provide leadership for many educational systems in the midst of dramatic, far-reaching, and sometimes chaotic, change. You care — a lot — or you could not do your jobs. You know a lot, and think a lot, or you would not last. The rest of us depend on you — chief state school officers — to have both sweeping vision and pragmatic courage to make these systems serve our children and our society in the best way we know in this time.

The American History of Families and Government

This article is about changing the way the schools do business, challenging the age-old American assumptions about the respective roles of the school and of the family in producing the citizens of tomorrow. In the family resource movement, we are not sure if we are a movement, or a field, or a discipline; but we are very sure that our business is to elevate the role of the family to a place of value and support in the larger society, a position that the American tradition has been reluctant to embrace. We have heard, and undoubtedly will hear more, about family values as though they are the sacred cow of American life. Our secular institutions — such as schools and public human service systems — however, have been remarkably resistant to addressing, or even acknowledging, the issues that real families face. This reluctance is quite consistent with our historical perspective that government should stay out of private life as much as possible, making no judgments or requirements about how people live their lives.

Judy Langford Carter is Executive Director of the Family Resource Coalition in Chicago. The Family Resource Coalition is a multi-racial national network of community-based family resource programs and the people who work with them.

Of course, the reality in the latter days of the 20th century is that government, in its traditional safety-net role, has become more and more involved in addressing the increasingly expensive results of citizens unable to be "self-sufficient" in terms of income, medical care, housing, and other basic necessities of life. The government *is* involved in private lives, regardless of history and theory; but its basic inclination to deny its involvement has led to an enormous maze of fragmented, categorical services that usually are of little assistance to supporting any family in a comprehensive or comprehendible way. It is a system based on the distribution of more and more band-aids when we need to be figuring out how to keep someone from falling down in the first place. Meanwhile, families of every kind are finding it more and more difficult to provide adequate time, energy, and money for their children's development and support; and we are doing very little to help them make up this gap (Center for the Study of Social Policy, 1990).

The growing inability of many families to provide adequate care for children, whether the care is economic or emotional, has in turn created enormous problems within the educational system. These problems — and those of fragmented communities, drugs, and violence in every form — have put unfair and unprecedented pressure on schools to ameliorate the problems children bring into the classroom with them, as well as provide a relevant, world-class education. All these demands have escalated in a political environment of higher expectations, shrinking resources, budget deficits, and taxpayers refusing to pay another cent. It is an impossible task to solve all those problems through one system or one institution, although I am very sure that some of you have often felt like you were out there trying to solve these problems all alone.

Taking a Family-Centered Approach

An emerging strategy for approaching the complicated problems facing our children—and our society — is a revolutionary reconfiguration of the relationships among the public and private institutions that serve them. Lee Schorr's (1988) research has led the way for a host of additional efforts to seek out what does work for children and families and translate it into systemic changes for all our systems. Innovative schools and early childhood programs, preventive child welfare programs, new mental health programs, and community-based maternal and child health programs are growing despite budget cuts and a general disillusionment with human service systems. A family-centered approach, which embodies the best information we have about what does work for families, is emerging in all of these systems (Kagan et al, 1987). The ultimate goal is a flexible, comprehensive, holistic, community-based system of support to improve the capacity of families to support their children and make their own way in our society.

Taking a family-centered approach does not apply only to schools. Our society at large and all our institutions are essential partners in making it work. The school, as the traditional prime institution serving all children, has a particularly important role, along with the other institutions. The school, however, cannot—and should not—be expected to do it alone.

The outcome goal of this reconfigured family-friendly system is not a new one. It is clear that we want to produce, at the other end of our whole system of families, schools, and services, a literate, caring, dependable adult capable of contributing a fair share to the Internal Revenue Service, the state income tax, and Social Security; an adult capable of establishing and maintaining positive, emotionally gratifying relationships with other adults and positive, nurturing relationships with children they come into contact with.

There is little disagreement about the outcome we want, but where we get into trouble is our failure to connect the essential partners in the overall enterprise of making it possible for children to become these competent adults. We have carved up the whole picture and distributed it among different agents; the result has been that no one is paying attention to the big picture, and no one is accountable for producing the outcome.

Focus on the Family

The family, which has rarely been supported by any of the other potential partners, is usually the one left holding the bag when the outcome doesn't happen. The family is not only blamed for its failure to produce the appropriate adult; it also has to continue to deal with the consequences of a child who cannot take on adult roles. The thousands of teen parents; the hundreds of thousands of young men in prisons; the millions of young adults who are unemployed, drug addicted, or unable to live independently are not in the world alone. Long after the teen parent program and the school system and the child welfare agencies are done with these children, the families of these children are left still struggling to find the right way to support and care for their children. These are the invisible consequences of a system that has failed to be accountable for doing whatever it takes to assure that no child falls through the cracks. Families are the one part of the system that cannot "get rid" of the troublesome child, although some do try.

The educational system, in particular, has largely retreated behind its own school doors, creating its own elaborate internal system to deal with the issues and problems children bring into the school, while rigorously maintaining its ignorance about what goes on outside the school doors. Schools have been forced to pay attention, as the problems being dragged through the school doors have gotten larger and larger. Installing metal detectors to keep guns and knives out of classrooms is a horrible symbol of how far things have to go before we are forced to pay attention to what is going on outside the school doors.

The past decade's turmoil around school reform has forced the issue of outcomes beyond tinkering with curriculum and finding ways to buy computers for every classroom; it has made many states and local communities rethink the role of the school and its partnership with families and other institutions in helping schools produce the work force and the parents of the 21st century. The school has a special, vital role to play in supporting children's development, but not the only role, and not necessarily the most important role for most children. Families still have that role, regardless of how poorly we may think they are fulfilling it. A family-centered approach requires that our institutions take the role of helping families do it rather than ignoring them until identifiable trouble starts.

We have known since the 1950s that very important indicators of a child's success in school were not inside the school. Educators everywhere can rattle off the latest research that tells us that the father's occupational status, the mother's educational status, the number of times a family moves, or the particular characteristics of a family's life are the significant factors—and significant barriers—in a child's educational achievement. Rarely has the educational establishment turned the analysis around to look at the significant, positive role of the family as a major factor in their success in educating children. It would be a lot easier if better teachers, smaller class size, more computers, and more effective principals could, by themselves, produce improved educational outcomes. In this society, at this time, we can't count on it.

A family-centered approach begins with acknowledging that the family is the most important influence in moving a child toward our overall goal (Kagan et al, 1987). It forces a new analysis from the rest of us charged with other roles in helping the child achieve: We have to look carefully at the strengths and resources the family brings to the table and reconfigure our roles as a partner with the family to achieve the outcome desired. Parents, with rare exceptions, want desperately to be good parents, and they want their children to succeed. They are willing to go to enormous lengths and to sacrifice greatly for their children. Their goals and aspirations for their children are usually the right ones. The failure of the institutions, beginning with the school, is that no one ever uses these most powerful facts of family life as an aid in their work with children. The school, in fact, routinely treats a parent's pride and high aspirations for their child as an annoying nuisance, at best, and a threat to the smooth operation of the school, at worst. What would happen if we could turn all that energy on both sides into a synergistic partnership to get that child where she and her parents want her to go?

Families are the hidden asset in the system. For most children, families do serve their functions adequately. The Family Resource Coalition (Carter, 1992) would define those functions of a family as:

- Establishing and maintaining social relationships outside the family.
- Promoting what Reginald Clark (1983) calls "literacy enhancing activities" for children.
- Supervising "service integration" for its members when they need medical care or education or other services that the family cannot provide from its internal resources.
- Providing basic care, comfort, and nurturing for all its members, including financial arrangements for basic necessities and services needed outside the family.

Children identified as "at risk" and in need of special assistance are often those whose families have in some way been unable to fulfil these functions adequately. And our usual response has been for a school or a human service system to take on these functions in place of the family. The new family-centered approach works to support "at risk" families to fulfill their roles themselves, not to supplant their efforts. This new system sees itself as filling gaps and helping out temporarily while the family gains control and builds the capacity for fulfilling these functions in the long run (CSSP, 1990).

For those families not officially designated to be "at risk" of completely failing to fulfill their functions, a family-centered approach in a school offers similar, but perhaps not as intensive, assistance in meeting the challenges that every family faces. It acknowledges that every family needs support at some time. The crowded bookstore shelves, TV talk shows, and parent education courses offering parents solutions to problems from nutrition and discipline to creating a genius by age 2 are testimony to the anxieties parents feel about doing the right thing for their children. The difficulties in securing appropriate child care, planning and spending "quality" time with children, and

surviving various marital problems are common to every home and have enormous impact on children. Parents are not asking that the school, or anyone else, tell them what to do. But a family-centered school would, at the very least, acknowledge the struggles parents are having and provide some measure of information, sympathy, and support to them, as the school's valued, primary partner in the business of educating their children.

Relationship Between the School and the Family

If the first critical aspect of a family-centered approach is defining the family's role as central to achieving the outcome that schools and other institutions seek, and configuring the roles of the other institutions as partners with the family, then the second step in moving toward a family-centered approach is acknowledging that the relationship between the school and the family is the key to success. We know from both research and experience that well-intentioned services will not work without the full participation and commitment of the people involved.

Adopting a family-centered approach implies that resources of time and energy be spent on establishing and maintaining a mutually respectful partnership with families; that the initial burden is on the system, the school, the program, to persistently reach out to families on their own terms and bring them in. That is not a difficult task in many schools, with many families who are eager to support the school and their children in the context of the school's agenda.

But for an increasing number of families in every school, the school has become more and more irrelevant to their lives; and in some communities, the majority of families feel what could best be described as total hostility toward the school. Our extensive research in an average midwestern state, which included hundreds of parents, teachers, and community members, revealed a pattern not unlike that found by others looking into the perceptions of parents and schools (Family Resource Coalition, 1990b). There was universal agreement that the role of parents is vital in the education of their children. There was strong agreement among teachers and school personnel that parents did not participate appropriately in assisting their children, even when the school made a special effort to encouraging parents to participate. There was also strong agreement among parents that the schools did not care about them, that they were not welcome there, that they were viewed as the cause of their children's problems, and that they were given few opportunities for significant participation with the school.

Establishing a mutually respectful and effective partnership with these alienated families, and turning around a general perception that schools do not know or care what is going on in the lives of families, will be an enormous challenge, but one that schools cannot afford to walk away from. Current research shows that families at greatest risk, even though they require persistent outreach over a long period of time, are likely to gain the most from their eventual participation in a capacity-building program (Brunner and Carter, 1991). Other model programs across the United States have demonstrated promising results on many different indicators from a sustained, intentional outreach to families.

Creating a respectful partnership goes beyond the school's defining its agenda and recruiting parents to go along with it. Parent involvement in the school's work is not the same thing as parent involvement in their own work, which is the nurturing and development of their child, on their terms, on their time, in their own culture. Schools cannot only reach out to families to bring them into the school's orbit; the school's role in the partnership requires that the school also respond to parents and potentially change its culture, its approach, and its agenda to make sure that the school adequately meets the needs of parents as they go about the business of supporting their children to succeed in school. Professionals bring their expertise and knowledge to the table; parents bring their commitment and special relationship with their child.

This kind of empowerment of families is not necessarily about rights, or governance, or restructuring of school decision making. It is about the school's taking its role as educational partner with parents seriously, and taking the resources that parents bring seriously. Let me give you an example.

The Beethoven Project in Chicago is a large child development center housed in a building at Robert Taylor Homes, the largest, and I would argue the worst, housing development in the country. In the early days of the project, a concern arose among the staff that most of the mothers who regularly brought their babies and young children to the drop-in center smoked—a lot—in the center. One alternative was for the staff to ban smoking in the center, but this was not a good precedent to set in a place where the program was trying very hard to create good relationships with parents and an atmosphere of support and response to parents' needs. Another alternative was to bring up the issue and allow parents to vote about whether the center should ban smoking, but it was clear that the vote would not be in favor of what many parents would consider a violation of their rights.

The eventual solution was to mount an educational effort through every means available to help parents consider the environmental risks their children were exposed to in the regular course of the day, which were considerably more extensive than their parents' smoking. This demonstration on the part of the staff served several different purposes: It gave parents a new perspective about their environment and their potential control over it; and the campaign gave parents a focus for action (and empowerment) directed toward making an important situation better for their children. The staff effectively communicated their concern and support for the welfare of the children in the center in a way that did not blame their parents, which was a new experience for most of the parents. Momentum built among the parents to ban smoking in the center as one way of creating a cleaner environment for their children's health, and smoking was ultimately banned by consensus of the parents, without violating the rights of anyone.

This center successfully managed to control its initial impulse toward controlling parents in favor of supporting and empowering them to make an important decision, but it did not give up its professional role as the child development expert with important information to share with parents. The strategy of using all the "teachable moments" at hand to facilitate and encourage change worked, because it was absolutely clear to everyone, both staff and parents, that the common goal was to create a better environment for the children.

The Role of the Community

If the first rule of family-centered approach is acknowledging the central role of the family in a child's success, and the second is recognizing the relationship between the school and the family as the key to a workable partnership, the third characteristic of a true family-centered approach is the acknowledgment of the role of the community, including the human service systems, in supporting the child and his or her family. Once again, the school is not expected to do it all, but it can play a vital role in a collaborative climate to leverage, enhance, and encourage resources in the community to play a more effective role in supporting its families. In Illinois, the educational goals set out by the State Board of Education, under Bob Leininger's leadership, includes an explicit statement that the school should serve as a "lead agency" in developing the necessary collaboration with other agencies to serve the children in their schools. That is more than a welcome mat.

There are other resources available to families in almost every community that go far beyond what the school or the public human services system can possibly provide, but they are usually overlooked and often not used very effectively by the school or human service system. These are resources that families themselves are the most familiar with: friends and extended family members, informal social networks available to parents, private organizations and churches with resources and programs available for families, and businesses and community members with a willingness to help when asked. Schools working in partnership with parents need to understand—and use—these resources as well as the more formal ones. They can often be the most effective resources of all.

New Structures and Climate in the School

The fourth essential characteristic of an effective family-centered approach is a new structure of staff expectations and a new climate in the school that will support and enhance a family-centered approach. Rethinking systems and redoing them are two different things altogether, and the redoing part can effectively sabotage the very best vision and intention. Implementing new kinds of partnerships among schools, families, social services, and communities may be the most challenging aspect of all.

As a significant departure from an old way of thinking, a new approach requires different staff job descriptions, different and ongoing training and supervision, and new methods of accountability and evaluation. These structural aspects of the system must change in significant ways if part of the schools' mission becomes the pursuit of workable partnerships with families and other resources in the community. Adding a line to a job description will not accomplish very much without the additional support to change the system to a new way of thinking. Without attention and commitment to these details, the best intentions of a family-centered approach cannot become a reality (Bruner, 1991).

Reaching Out to Families: Innovative Models and State Initiatives

Several innovative local initiatives have pioneered creative models to follow as schools and other institutions have begun the sometimes difficult task of reaching out to families in unprecedented ways. The League of Schools Reaching Out, under the direction of the Center on Families, Communities, Schools, and Children's Learning; CCSSO's exemplary clearing-

house, Joining Forces; the Family Resource Coalition (1989, 1990a, 1990b, 1992); and several other organizations have studied and used many examples of schools collaborating with parents, social services agencies, and family resource programs in their communities (Kagan et al, 1987; Kagan & Holdeman, 1989; CSSP, 1990; Goetz, 1992). The National Resource Center for Family Support Programs receives many requests daily for assistance and information at all levels when schools and families really begin to create partnerships at the local school level. In other articles in this volume, Otis Johnson and Khatib Waheed describe excellent efforts in Georgia and Missouri to link schools more closely with families and community resources, to the great benefit of all concerned. These leaders are experts at the sometimes tedious business of making these ideas work, changing and reformulating as they go, as parents and teachers and workers from other systems forge new relationships.

Taking Pilots Statewide

Turning these promising one-of-a-kind models into statewide educational policy is a risky business, fraught with many political and implementation problems. But despite the difficulties, many states are increasingly attempting such transformations. Minnesota and Missouri have a history of excellent statewide early childhood programs that began as pilot programs and expanded statewide. These programs have taken a family-centered approach, have demonstrated strong results, and have influenced collaborative efforts in their states with other systems. Hawaii, Tennessee, Iowa, South Carolina, Colorado, New Jersey, Georgia, Connecticut, and others have each begun statewide programs designed to link schools, families, and other resources in innovative ways (Goetz, 1992). Each one is unique to its own policy environment, but they have many programmatic characteristics in common based on the family-centered approach described here.

The Family-Centered Approach in Kentucky

The Commonwealth of Kentucky is the one place where the most promising elements of these programs are put together in a statewide program. Kentucky had the unprecedented opportunity—or calamity, as some in Kentucky would say—of starting all over with a completely redesigned education system. From the beginning, the legislature acknowledged that a successful school system could not produce the results it needed without assistance from parents, communities, and other parts of the service system. This theme is expressed in many ways in the school system and in the other human service systems, as well, through a variety of programs and services designed to collaboratively support the overall educational achievement of Kentucky students. Perhaps the most visible element of this commitment to bring together the necessary resources to support children in school are the Family Resource and Youth Services Centers now being implemented. Although these programs are not the only part of the system of support for children and families, they exemplify the best characteristics of what a state-level, family-centered approach should include.

The implementation guide for Kentucky's Family Resource and Youth Services Centers (Family Resource Coalition, 1992) states clearly in its philosophy section that the three basic elements that distinguish this approach from others are:

- The nature of the relationship between the program and the families or students they serve.
- The intentional coordinating and blending of categorical services, both public and private.
- A reliance on the resources of the participants themselves.

Legislation authorizing the centers in all schools with more than 20 percent of children eligible for reduced-price lunch and providing funding for them at an average rate of $60,000 stipulated that the funds would go through the Cabinet for Human Resources, not the educational authority, and that an interagency task force, which was to include parents and teachers, was designated to produce an implementation plan. These political decisions set up an important set of realities from the beginning, whether they intended to or not. The school system did not immediately absorb these funds into its own system and into its usual way of doing business; it had to work with the human service agencies and the interagency task force. The human service agencies were required to be on board from the beginning; but they, too, were forced to work with other agencies, parents, and "outsiders" in a way they had never done before.

The implementation plan that eventually emerged from the task force was strongly oriented toward local planning and control, parent governance of the centers, and a balance between providing services and support for all parents in a school and targeting special outreach to families who were reluctant to come into the school. The decision to "let a thousand flowers bloom" rather than prescribe a model was an important one; it was clearly not the usual way of starting a new program. The requests for proposals, the implementation guide, the way that proposals were scored, and the monitoring and accountability

required for ongoing programs were significantly different from anything local schools or other agencies had encountered before.

Proposals that followed the time-honored tradition of having the school district's clever grant writer churn out elegant needs assessments in the air-conditioned comfort of his or her office were not funded. Proposals that neglected to demonstrate substantial advisory committee input (which had to include a minimum of one-third parents, and not more than one-quarter school personnel) were not funded. The message that this was not business as usual was clear; and many communities, especially those with experience in creating partnerships outside the school, responded with excellent plans that would enable their schools to provide or link services for families that had been impossible before.

The subsequent implementation of the first wave of centers, with a state-level monitoring and technical assistance staff drawn from a variety of agencies, including education, has been a continuous process of networking and learning, with the best ideas coming from the local coordinators themselves. Many of the first-year centers had the good fortune of choosing exactly the right person to be the center coordinator, which has gone a long way toward ensuring success for the program. These original coordinators took to heart the admonition that their job is to do "whatever it takes" to get families involved. Their experience is building a strong capacity in the state for identifying and understanding the issues that Kentucky families face, across the wide diversity of communities in the state.

Will the school produce better outcomes in Kentucky because of this one program? Maybe. A real family-centered approach is much larger than a single program. It is more likely that the schools in Kentucky will produce better outcomes because of a strong commitment on the part of *all* the partners — the education system, parents, businesses, communities, and public agencies — to do "whatever it takes" to put as many resources as possible together to support educational outcomes for children.

The Special Role of Schools in a Family-Centered System

Even though the school is just one partner in the larger scheme of things, the school plays a central role. It is very easy for schools to take what I call the "Lester Maddox approach" to children. Lester was a crazy joke of a candidate who was elected Governor by a series of laughable constitutional flukes in the late 1960s. When Lester was Governor of Georgia—a time when most Georgians were reluctant to admit they had ever heard of that state and when we all learned that it really was not necessary to have a Governor at all—he had a very simple solution to prison reform, which was a hot issue at the time. "There's nothing wrong with those jails," said Lester. "All we need is a better grade of prisoner." I have heard the same sort of arguments from many educators: the problems are not with the schools but with the lousy grade of children who don't fit the school's expectations.

Taking a family-centered approach does not let the schools off the hook. It does not allow them to go back to business as usual and let the families and the human service system take care of producing a "better grade of children" more adaptable and acceptable to the school environment. Schools are a logical lead agency in any societal effort to create change for children. Schools remain the one institution in touch with all children; they have an enormous capacity for reaching those children's families, as well. Schools are traditionally a community institution where everyone has a stake, where services are universally provided to everyone, and they are usually conveniently located for the children they serve. They are a practical location for people to feel comfortable about coming to. Of course, the schools have to get used to having people come — and learn all over again that their buildings and books belong to the people in their communities.

Long-Term Developmental Focus

The schools can and should take the lead in promoting a long-term developmental perspective about education, using the strategy of strengthening families to produce "better children" and investing some public resources to support them in that. This kind of preventive focus is a radical departure from our current thinking about assisting families. It means that some people who are not "sick," some families who are not in dire circumstances, will get some services. But reserving funds for identified "problems" after they emerge, or treating symptoms only, or requiring families to suffer increasing disasters in order to be eligible for increasing help are antithetical to a long-term, developmental view, and antithetical to the school's traditional mission of promoting healthy development for children and removing the barriers to their access to full educational equality.

All families, like all children, need support at different times in their lives, at different intensities, consistent with their own goals and issues of the moment. If we are serious about producing long-term, consistent results, the investment in a partnership with families

outside the school has to be a part of our educational system. We all know that the failure to do so will continue to produce, at best, mediocre results, which is a far cry from the demands now being made on the educational system.

Parents as Allies

The rewards for the school in playing a new partnership role with parents and other resources can be substantial, as some of the older early childhood programs have demonstrated. Educational outcomes for students can be improved on a variety of measures. Early childhood programs that supported and involved parents continue to show important and sustained gains for children. Political gains for the school can also be part of the reward; taking the risk of having more people know what challenges you face may reap the benefit of additional support and understanding for what you are trying to do about it. Having parents actually get some personal, direct benefit from a school program serves the additional purpose of building a constituency for the program. The well-known activism of Head Start parents on behalf of their programs is a direct result of their feeling of ownership and empowerment, which is encouraged through the parent involvement focus of the programs. Each of you, I am sure, can point to individual examples in your own states, of schools with strong parent constituencies developed through their involvement with their schools. They can be powerful allies.

The Importance of Leadership

The biggest change that a family-centered approach requires of schools is reformulating the school's view of parents, which is communicated in hundreds of ways. An essential ingredient in breaking down barriers, in creating effective programs, and in leading the way toward new relationships is leadership from the school, in the person of the principal, the designated special staff, and the teachers themselves. Getting serious about creating partnerships means being serious about training, developing, encouraging, and facilitating this kind of leadership at every level of the educational establishment.

I am old enough to have gone to a segregated school in the South, and I am old enough to have taught in a Southern school system still struggling with compliance with federal court orders. It could not have been more clear in those days where there was committed leadership in the schools and where there was not. Where there was leadership, it inspired an enormous effort on the part of many people to make the changes that were necessary — and to remember that the goal of public education is that every child has a chance in our society. Where there was not strong leadership, everyone suffered. Schools closed, communities were divided, and children of all colors were denied the education they needed.

Re-configuring the role of the school and aggressively opening the arms of schools to parents and others in the community will require the same kind of commitment and leadership to get over the hurdles that exist even in the most well-intentioned communities. That leadership is not going to come from governors or legislators, or from parents and community activists, or from human service agencies or business leaders. It has to come from the education establishment itself, and from the commitment of chief state school officers to make it a priority. I don't think we can afford to pass it up.

A Vision for a Family-Centered System

The vision of an integrated, comprehensive, family-centered system that acts to empower families to nurture their children is not out of our reach. It is not even a new idea. This innovation is in fact a very old idea, modeled on the idealized version of the families and communities and schools we imagine that America once had. The values of that system included participation by everyone: when someone needed a little help at some point, others gave it, knowing that they would get what they needed when the time came. No one had to prove that they were a certifiable disaster to get help; no one was turned down or turned out with no place to go. No children were ignored because no one knew how to help them or because they weren't "eligible" for help.

Children knew that adults were paying close attention; the village watched out for every child, especially for those whose parents were having a hard time, for whatever reason. No one was afraid to notice too much. The whole neighborhood and the whole school were proud of every child's success, and everyone felt badly when things didn't turn out so well. Services got provided one way or another, sometimes by teachers or doctors or neighbors who cared and persisted and found a way for a family to get their children what they needed. When children grew up, they thought they were supposed to do that for other people, too. It was part of their education to understand how they fit into the fabric of life in a community.

We can't re-create that system. It probably was never there to start with. But if we can keep in mind how a child and a family could feel in a system like

that—protected and cared for and worth something—we would come a lot closer than we are now. We would do a lot better in making policies and providing services that are supposed to fill in the gaps when families and communities are not able to work so well. We would do a lot better in giving teachers a clear message about what their jobs really are. We would do a lot better in producing those creative, well-adjusted, self-sufficient, world-class workers that everyone expects our school systems to produce.

If we keep in mind a vision of being a family all together, with strengths and weaknesses and interrelationships, but always with the commitment to make the most for each member, maybe it will be easier to get there from here.

References

Bruner, C. (1991). *Thinking Collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, DC: Education and Human Services Consortium.

Bruner, C. & Carter, J. (1991). *Family support and education: A holistic approach to early childhood education.* Denver, CO: Women's Network of the National Conferences of State Legislators.

Carter, J. (1991). *Building family capacity attracts diverse partners.* FRC Report: Vol. *10* No. 1, (pp. 5-7).

Carter, J. (1992). Speech given at the National Conference of State Legislators. Kansas City, MO: Author.

Clark, R. (1983). *Family life and school achievement.* Chicago, IL: University of Chicago Press.

Family Resource Coalition. (1989). *Building parent-school partnerships.* FRC Report, Vol. *8*, No. 2. Chicago, IL: Author.

Family Resource Coalition. (1990). *Helping families grow strong: New directions in public policy.* Center for the Study of Social Policy. Chicago, IL: Author.

Family Resource Coalition. (1990a). *A family centered perspective.* FRC Report, Vol. 9, No. 3: Author.

Family Resource Coalition. (1990b). *A study of parental involvement and family support in Indiana.* Chicago, IL: Author.

Family Resource Coalition. (1992). *Kentucky family resource and youth services centers guide for planning and implementation.* Chicago, IL: Author.

Goetz, K. (1992). *Programs to strengthen families.* Chicago, IL: Family Resource Coalition.

Kagan, S. & Holdeman, A. (1989). *Family support and the schools.* FRC Report, Vol. *8*, No. 2, (pp 1-2, 26).

Kagan, S., Powell, D., Weissbourd, B. & Zigler, E. (Eds.) (1987). *America's family support programs: Perspectives and prospects.* New Haven, CT: Yale University Press.

Schorr, L. (1988). *Within our reach: Breaking the cycle of disadvantage.* New York, NY: Anchor Press.

Funding Initiatives for School-Linked Family Services

Frank Farrow
The Center for the Study of Social Policy

In today's climate of school and health-care reform, we are facing a window of opportunity for planning and implementing school-linked family services. Deciding how to finance these services is an essential part of any reform strategy. Hard realities — and new options — face providers of family services.

The topic of financing is not one that most of us like to discuss. When school officials and human service officials in most communities sit down to talk about more effective or collaborative systems, they put the topic of financing last on the agenda. Typically there are four or five meetings in which everybody generates a terrific head of steam around the new program possibilities. There is momentum around a new commitment to work together. And then somebody raises the sobering question: "Well, how are we going to pay for this?" Somebody like me arrives at the sixth meeting where financing is finally on the agenda. And this meeting is always scheduled after lunch, when people are at their absolute peak of attention and alertness and truly want to deal with charts and graphs and numbers. Then you give the audience a really inspiring message: "Well, there is no magic bullet," or "There are no easy answers," or "Well, if we really all work at it and pool our funds and chisel a little here and a little there, we can in fact finance these services." This set-up, of course, leads to less than the most enthusiastic response.

But now I am revising my message. It is still true that there is no definitive answer yet as to how to finance these services. But we are involved in many initiatives by states and local communities to explore the options that do exist. Many of these efforts are experimental, but they point in some encouraging directions that give us grounds for optimism about future funding solutions.

One thing is clear already: financing these services is going to take the same level of creativity and the same willingness to take risks and to do things differently that are required when people put together these services to improve outcomes for children and families. Educators take risks when they build new types of schools; human service providers take risks as they come together with schools to build new systems. In the same way, the types of financing opportunities I am discussing here involve risk. It is a planned, calculated risk, but a risk nonetheless.

In the long run, if we are going to create a funding base that allows us to make these more effective supports available for all the children and families who need them, it will not be enough to change individual programs. We will need to radically restructure and redirect entire funding streams. The systems-change agenda in the financing world is as significant and important as it is in our program and institutional work. To get to that point, we are going to need both short- and long-range strategies. Here, I focus primarily on short-term strategies, with a brief look at some longer range steps. These funding strategies are the fiscal equivalents of the more unified, more comprehensive, more family-centered program strategies. I will look at three aspects of funding today.

First, I would like to review some of the basic problems with human service funding as it operates today. When I work with people to put together these collaborative services, I often hear local school officials complain, or at least ask, "Why can't the social service agency that has all that staff just locate some of those people over here in my school or at least send me the dollars so I could get some supports for families

Frank Farrow is Director of Children's Services at the Center for the Study of Social Policy, Washington, DC. Farrow was formerly Director of the Social Services Administration for the Maryland Department of Human Resources.

and children?" There are good reasons why that is not as easy as it seems, and we all need to start with the same information base.

Second, I discuss strategies local communities are using to make use of the funds already in their budgets or that they could obtain from the federal government — we call these refinancing and reinvestment strategies. These strategies represent real opportunities for progressive financing, particularly through Medicaid.

Third, I touch briefly on some of the directions in which these strategies lead us — some of the future steps that I think we are going to see in terms of collaborative funding that go far beyond what we have right now.

Current Human Service Funding

Reduced Budgets

The big problem, of course, in the human service arena — just as in education — is that funding is very short. Recently, I was at a meeting where the human service people and the education people were arguing over who was taking the bigger cut. And I thought, we still have far to go before collaboration becomes fully implemented here. But at least people were communicating. The point is not whose budget is being cut more. The point is that everybody is being stripped down to basics. Social service agencies almost uniformly are absorbing 10 or 15 percent cuts or higher. Mental health services for children have been virtually eliminated in some states. Public health services are being cut. It is infuriating and frightening, but it is reality. Everybody is facing reduced budgets.

In human services, however, budget shortfalls are only part of the problem. The bigger issue — the longer term, chronic issue in some ways — is that the very structure of the funding sources works against the kind of comprehensive, flexible, community-based services that we all want to see implemented. This structure can be described as the three C's — categorical, crisis oriented, and centrally funded.

Categorical Funding

The categorical nature of human service funding makes it very difficult to use these funding sources to meet a family's or child's needs comprehensively. Funding is usually directed toward very narrow, specialized purposes. Too often, staff must decide what services and supports to offer based on what individual pots of money will pay for, rather than by what the family really needs. In the human service arena, this is one of the main problems people are trying to change. "Decategorization" experiments are being tried in a very limited fashion, where people are taking some of the strings off these separate pots of money to get a pool of decategorized funds that can cover a range of needs.

Crisis Orientation

Crisis orientation means that it is very difficult to serve a child or a family before that child is in deep trouble or before the family is actively falling apart. Principals and teachers state that they can gain the attention of the social services or child protective services agency if they suspect a child has already been abused. But it is very hard to get a social worker or a case worker to come out and deal with a family problem before the family is a wreck. The social service world has been stripped back so badly that now people are just meeting basic mandates; and those mandates tend to be crisis driven. They are a safety net — and barely that. Even though there is a lot of rhetoric about approaches in preventive funding, there is not much flexibility for moving funds from the crisis services to earlier interventions. In child welfare agencies, for example, funds are literally locked up. In the child welfare system where I worked in foster care and in protective services investigations, administrators had trouble moving funds to earlier supports even if technically they were allowed to do so.

Centralized Decision Making

Finally, decisions about how these funds are used are very centralized, rather than being made at the front line, where we most need discretion in use of funds. When a social worker or a teacher or a helper of some sort is interacting with the family, he or she rarely has the flexibility to make a funding decision. The decisions about how the dollars are spent are made very far up the line. Of course, we could apply some of the same critiques and the same characterizations to education funding. The result of this centralization is that billions of dollars are being spent in human services, but only a small proportion is the kind of comprehensive, flexible, family-centered services that many educators and other service providers are trying to institute (see chapters by Schorr and Carter in this report).

The challenge becomes: How do we reverse those patterns? How do we "jump start" a new system of community services — a new orientation in community-based services — using the dollars that are already available? How do we build a more family-friendly system of services? First we design the system we need, then we can begin thinking about redirecting dollars.

A Funding Framework

There are many different examples of funding initiatives. I present a framework to describe more generically the types of funding arrangements being pursued in local communities. The primary goal of all these strategies is to invest in improved outcomes for children. That may require offering new services, or restoring services that have been cut. (see Figure 1)

Start-Up Funding

In almost all important education and community service initiatives, a very limited core amount of new funding is necessary to get programs started. For example, the State of Kentucky appropriated general funds to start its Family Resource and Youth Service Centers. State and foundation funds provided start-up funding for California's Healthy Start Initiative. And in Georgia, the Woodruff Foundation is investing in community-based family services programs.

But beyond "priming the pump," many communities hope that two other strategies, redeployment and a combination of refinancing and reinvestment, will begin to put more money into the programs than we can afford right now — or more than some people *think* we can afford.

Redeployment

Redeployment is redirecting funds or staff that had previously been devoted to one purpose to a new purpose (see Figure 1). The concept is straightforward; states or other entities analyze current spending and ask whether they can make more effective use of those dollars. Redeployment means redirecting money used to pay for expensive, out-of-home care after a crisis has occurred, and using it to pay for preventive

Figure 1

A Combined Program and Fiscal Strategy

Source of Funds	Use of Funds
Redeployment Strategies • Out of State to In-State Care • Out of Home Care to Family Preservation • Out of Home Care to Reunification	**School-Linked Community Services** • Family Support Network • Screening, Outreach, Case Management • Parent Support and Education • Home Visiting • Health Services • Mental Health Services • Recreation Services • Child Care • Employment Services
Refinancing Strategies *Medicaid* • Education • Child Welfare • Juvenile Justice • Public Health • Mental Health • Service Claims –EPSDT –Case Management –Rehab. Option • Admin. Claims	**Prevention of Out of Home Care: Family Preservation Services (FPS)** • Statewide Full Access • Cross Systems Gatekeeping Role
Title IV-E • Child Welfare • Juvenile Justice • Mental Health • Eligibility • Admin. Costs • Training	**Continuum of Care** • Day Treatment • Family Foster Care and Support Services • Therapeutic Foster Care and Support Services • Group Care and Support Services • Adoption and Post Adoption Services • Reunification Services
Title IV-A (Emergency Assistance) • Child Welfare • Juvenile Justice • Mental Health • Family Pres. Services • 180 Days Foster Care • Protective Services Eligibility	**Training** • Cross-Agency Training at the Local Level • Ongoing Training Capacity (Statewide)
Other Possibilities • JOBS Program (IV-F) • Child Support (IV-D) • Donations/Grants/Fees/Loans, etc.	**Governance** • Costs of Local Collaboratives • State and County Children's Cabinet
	"Off the Top Costs" • Agency Staff (eligibility and administrative costs) • Systems Development • Technical Assistance • Reinvestment Tracking

services that can keep a child with his or her family. This emphasis on prevention may mean using staff more creatively or developing collaborations with school and human service personnel. Redeployment is now happening, but on a small scale. For example, San Diego's New Beginnings program brings clinics and social services to the schools in order to readily identify and serve at-risk children before their problems become too severe.

In such redeployment strategies, several agencies in the community free up staff positions or donate staff to the new program. These staff become generalists whose scope encompasses the needs of the entire family rather than specialists focusing on one person or one aspect of the situation. For example, in several small, rural districts in New Mexico, staff from the Department of Social Services are spending time actually in the schools, and they are doing more than just investigations. These human service personnel are beginning to make counseling, casework, and support services available to families. People in the local districts view these services as very important both for the benefits they bring to recipients and because they signal a new spirit of cooperation in all of the partners.

Though these rural programs operate on a small scale, some larger redeployment strategies are being considered. According to Richard Mills, Vermont's Commissioner of Education, his staff are beginning to study how the school nurse work force is deployed around the state, and whether they can use this resource more effectively. The current design reflects a set of earlier problems, challenges and constraints that are now somewhat outmoded. Vermont education agency staff are wondering whether staff and funds for the school nurse program would be more effectively used if they began redefining the role of school nurses so that they could deliver and obtain reimbursement for Medicaid services and participate in a more collaborative service model. Vermont's redeployment efforts will have institutional force — they will affect how whole systems look at their workforce in terms of retraining or retooling them in order to redirect their efforts.

Redeployment strategies can involve large dollar amounts as well. In many states, human service agencies are moving funds that formerly were dedicated to out-of-home care into community services, often called family preservation services (FPS). In Maryland, Nancy Grasmick, Superintendent of Schools and Special Secretary for Children, Youth and Families, has spearheaded a campaign to shift large amounts of funds into FPS. Maryland human service and educational agencies have pooled the money from the child welfare, juvenile justice, mental health, and education budgets into a consolidated budget for out-of-home care. These pooled funds now provide services for those same children in their homes, in communities, and in schools. And after starting the first year with less than a million dollars, Maryland has now shifted $10-12 million from the out-of-home care budget into a community care budget. The legislature was so impressed by this program that they gave the agencies permission to move as much of the roughly $190 million that are spent for out-of-home care in Maryland into community services as fast as the communities could absorb the new services. To ensure that the money will be spent effectively, funds are released only when there is a local collaborative plan directing the provision of services. The plan has to involve all parties — education, social services, child welfare, mental health, juvenile justice, and parents. Maryland's program is one of the largest of the redeployment efforts but there is no reason other states cannot experience similar processes.

Refinancing and Reinvesting

Refinancing and reinvesting are two strategies combined into one. Refinancing is using state and local dollars to draw down or to match or seek reimbursement from other funding sources, usually federal entitlement programs, which then replace state and local expenditures. Refinancing thus frees state and local funds for other purposes. Reinvesting is using this newly-freed money for progressive reform of social services, rather than for ineffective services or for entirely different budget items.

An example using small numbers may illustrate the point. Let us say a school is now spending $200 of education funds for a service, all of which is eligible for reimbursement under Medicaid. Assume that the state matching rate is 50 percent — that is, under Medicaid in this state, the state pays 50 percent of the cost and the federal government pays 50 percent of the cost. Then the federal government will reimburse the state for half of the cost of the service, or $100. The net effect is that the school has freed up $100 that can then be used for another purpose — for *any* other purpose. The question then becomes: What is that other purpose? And that is where the reinvestment part of the strategy becomes crucial.

Some states have literally brought in millions of new dollars into human services through refinancing. For example, Gary Stangler's leadership in Missouri has brought in over $25 million through the use of Medicaid and other funding sources.

But the point is, what are the new funds used for? Experience has shown us that, if refinancing and reinvestment are not considered as absolutely inseparable — if you do not get the commitment to reinvest

the funds up front — the money will be lost to the purposes we are talking about here, which is a new, improved investment in children and families. There is no maintenance-of-effort clause in this kind of financing, which frees up state dollars that are as good as general funds. In many states, these funds have paid for roads or other unrelated items. The fiscal offices will use these funds to reduce deficits. While these may be worthy expenditures in their own right, nothing is more important than our children's future, and the amounts are usually not enough to balance the state budget. Given that we have an opportunity to use these funds for some truly revolutionary reforms that will reduce public expenditures in the future, we should use them to get a jump start on these new systems.

Channeling these dollars away from human service reform has another disadvantage. If these new dollars just go into the general fund, then front-line people (like administrators) lose their incentive to bring in the new dollars. Their work goes unrewarded, and their programs receive no net gain. All they have done is enhance the general coffers of the state — which is a legitimate policy goal — but they have not gotten a jump start for a new community service system.

Some people may ask: "If everybody took advantage of this option, then are we just moving the funds from one source to another?" and "If every school district took advantage of this where would we be?" and "Would Medicaid try to exclude those services from reimbursement?"

The encouraging answer to these questions is that the people who built these options into Medicaid knew full well what they were doing. Congress and the advocates who lobbied for these provisions intended that the money should be used for these services. This is unlike some other refinancing battles regarding other parts of the Social Security Act in which Congress is claiming that they never intended for the law to be used to finance the disputed services. We may be stretching the application of the law a little further than anybody realized we could go, but Congress clearly intended to reimburse these types of services. I do not think these options will be shut down. We will see growth in Medicaid expenditures for children, but I think that is desirable and will be cost-effective in the long run (see the later section in this chapter, "Medicaid Funding Opportunities").

Up-Front Commitment

In order to ensure that funds gained through refinancing will not be diverted, the governor and the state legislature must make the commitment to reinvest these funds into community service systems. So many states gain and lose these dollars that I think it makes almost no sense to go forward with refinancing if you have not secured this commitment up front. New Mexico is an interesting example of this process. Governor King has asked state agencies to look seriously at refinancing opportunities. This strategy is being pursued across systems, so that all the agencies are examining the possibilities together. The Governor has made a public commitment, in writing, to reinvest that money in improved services for children and families. Of course, the legislature can toy with that commitment — and other state budget crises can come up. But at least the premise in that state is that these dollars go back into the system.

It often helps to have an outside force that says you must keep the money in the system. For example, the Pew Charitable Trusts often requires states to match the grant monies that they give for children and family services. States can use refinancing in order to dedicate enough money to qualify for the match. But unless the state shows its own commitment to reform by ensuring that refinanced funds stay in the system, Pew may be reluctant to contribute its own funds for reform.

Medicaid Funding Opportunities

Medicaid is the largest potential source of refinancing funds for schools and collaborative family service systems. Using Medicaid to pay for services delivered in schools is not new. Connecticut used Medicaid to pay for special education services almost 10 years ago, and since then, a number of other states and school districts have followed their example. But today there is even more reason to pursue Medicaid funding, to which I now turn (see Figures 2 and 3).

Changes in EPSDT. Changes in some key provisions of Medicaid have made a much wider range of services available for reimbursement, particularly in the early and periodic screening, diagnosis, and treatment program (EPSDT). These provisions broaden the range of services that states can offer without the risk of opening them up to all adults in the state as well. Under EPSDT, states can expand the concept of medically necessary care for a child to encompass services that promote the child's general health rather than

Figure 2

Medicaid Potential for Children's Services

Service Areas
- Primary Health Care
- Schools:
  - –IEP Related Services
  - –School Health and Related Services
- Child Welfare/Juvenile Justice
  - –Family Preservation and Related Services
  - –Out of Home Care
- Public Health
- Mental Health
- MR/DD
- Other

Authorization and Control Options
- Medicaid Options:
  - –EPSDT
  - –Rehabilitation
  - –Model Waiver
  - –1915(a)
  - –Targeted Case Management
- Authorization Through:
  - –EPSDT Screen
  - –Licensed Practitioner (Rehab)
  - –Other
- Rate Setting:
  - –Time Billing vs. Monthly Rate
  - –Flat Rate vs. Full Cost
- Managed Care
  - –HMO
  - –Primary Care Physician
- Administration
  - –TCM Administration
  - –EPSDT Administration

Method of Claiming
- Direct Charge: (50% to 80% FFP)
  - –Eligible Child
  - –Eligible Service
  - –Plan of Service
  - –Record of Service
- Cost Allocation: (50% FFP)
  - –Health-Related Services Administration
- Billing:
  - –Direct to Medicaid Agency Through Other State Agency-Certification of Match to Medicaid Agency

The Center for the Study of Social Policy

limiting them to those that treat a medical condition. As a result, states can gain reimbursement for a variety of services, including health education, mental health, preventive outreach, and contact with families and children. These services go far beyond what we traditionally consider as reimbursable — medical services delivered in clinical settings by physicians. Medicaid also allows reimbursement of some administrative costs under EPSDT.

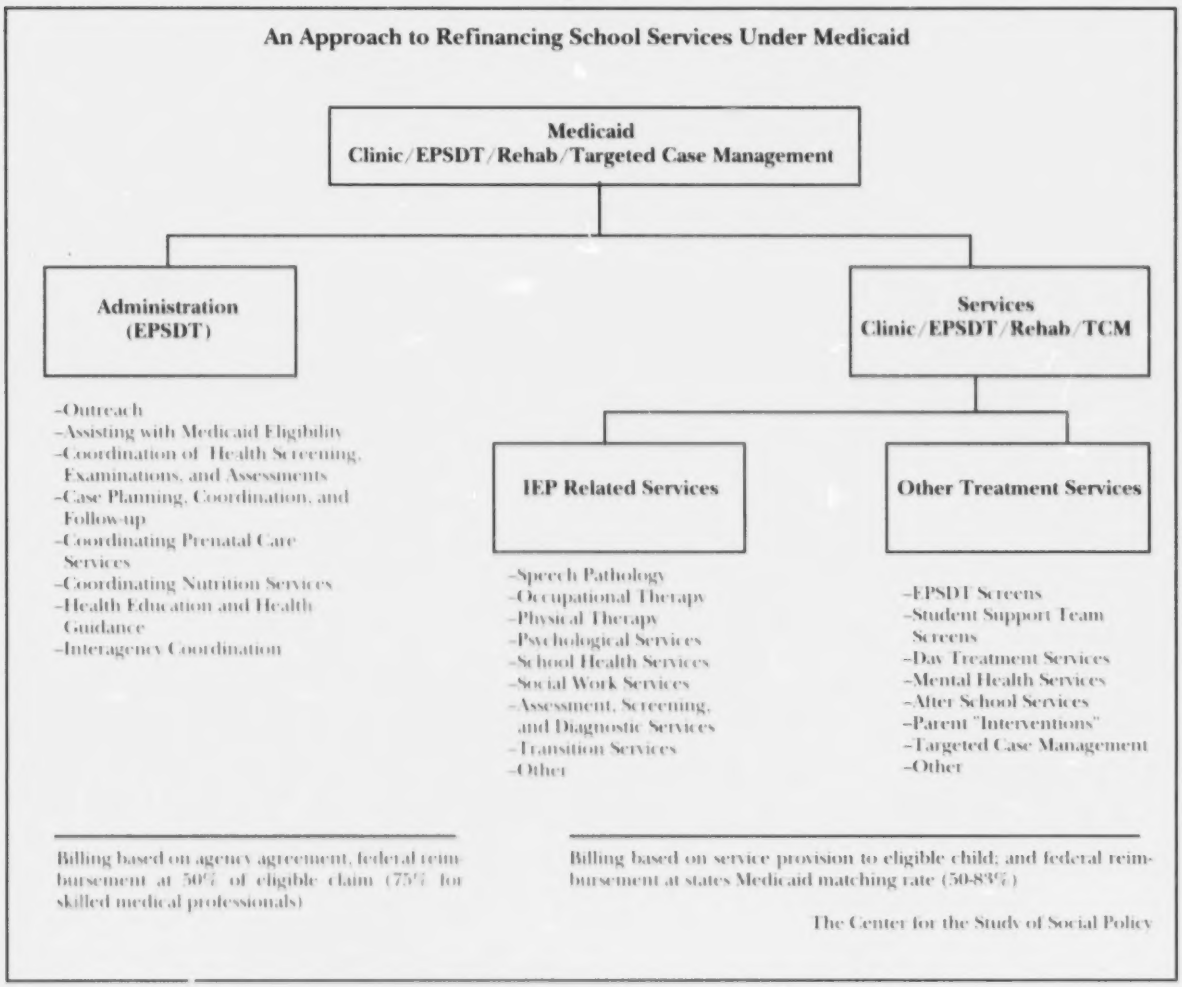
Targeted Case Management. A second provision, Targeted Case Management, makes it much easier for schools or anyone else to provide case management services to specific groups of Medicaid-eligible children and families. The nature of this service, which emphasizes coordination of care, makes it especially valuable for family service programs. This provision also allows states to focus services on specific target groups and specific geographic parts of the state, without having to offer them statewide. Targeted case management thus becomes a more controllable fiscal strategy than other Medicaid provisions.

Rehabilitation Services. A third provision, the rehabilitation service option, has exited as a state option for some time, but people are discovering new uses for it. Under this option, states can claim reimbursement for an array of services beyond traditional medical care. States can claim social, educational or health related services that are necessary to restore a child (or adult) to a certain level of functioning. The rehabilitation option can also be used for services in what are called "collateral contexts" — when a provider visits a family, a teacher, or another agency. Again, these are not what we think of as traditional medical services, but people in schools provide these every day, and they are all potentially billable under Medicaid (see Figure 2).

Changes in Fee-For Service Structures. A fourth major change in the way schools are thinking of using Medicaid is in how they document and bill for these services. Under the traditional Medicaid service options, to gain reimbursement for a service, agencies would have to document each staff person's time in terms of the units of service, whether an hour or a day or a 15-minute interval. Under this new system, agencies can simply bill based on periodic time studies that document how people are spending their time. Even periodic time studies, however, are an administrative burden for a school that has never done them. But they can learn from the experiences of the human service world, where these studies have been used for years. These studies are not simple, but they are much less burdensome than fee-for-service billing, particularly for small schools where erecting a whole fee-for-service billing system would be difficult.

Matching Funds. A fifth change, not in Medicaid but in states' use of the program, is that we are realizing the dollars that can be used to gain Medicaid matching funds are being spent by states and schools already. Most of the strategies that are now being pursued aim explicitly to use dollars already being invested, not to expand the state share of Medicaid. States do this by redefining the ways in which funds are spent in order that more of them will qualify for Medicaid, rather than investing new funds.

Figure 3



In the past, many of these ideas have been only potential opportunities because of the difficulty of pursuing them. But some areas have actually used these strategies to improve their financing of human services. Nobody puts it all together yet, but many districts (e.g., in Georgia and Minnesota) are trying to document their processes in forms that can be shared with other states and communities (see Figure 2).

The main reason states are willing to put so much time and effort into using the Medicaid program is because the dollar amounts are so significant. Even in small states, our preliminary estimates show that $8-10 million can be gained with these strategies. In mid-size or larger states, the dollar amounts are considerably greater. And these are conservative estimates. There is no point in stretching reimbursement to the point at which the agency risks a federal audit. And in many cases, schools will not pursue all of these options because they are too administratively difficult. But even given these considerations, schools could gain a great deal of money.

Problems and Pitfalls of Medicaid Funding. Even though the potential rewards are significant, the picture is not all rosy. These strategies are not easy, and many educators have had unpleasant experiences with Medicaid. There are some dangers in pursuing Medicaid funding, and some difficulties. In this section, I examine some of these problems and give you some sense of the lessons that have been learned.

Political Barriers. Interagency politics at the state level can be very fierce. Medicaid agencies traditionally guard their budgets with a zealousness that is understandable only when you realize that they are often blamed and hauled before the legislature for being the cause of state deficits. They are very con

cerned, and rightly so, that the kind of refinancing I have discussed does not expand the overall state exposure on Medicaid. And unless you understand that issue, sympathize with it and have the technical ability to say, "Here is why that will not happen," these conversations will stall at that point before you even begin the budget and reinvestment battles with the legislature and the governor's office.

Federal Policies and Regulations. The federal politics have to be handled carefully as well. Many federal regional offices are now approving state plans that are very clear about the intention to provide school-based service packages. So it is not that people are unwilling to support these kind of strategies, but a smooth approval process takes a lot of close work with federal regional offices. All regional offices allow slightly different things and you need to know how yours operates and be willing to work with them.

One of the criticisms that I have often heard is, "Isn't this just shifting the cost from state budgets to the federal budgets?" To some extent that is true. But when you look at the dollars in Medicaid, children's services are not causing the huge escalation of the Medicaid budget. Children's services comprise 20 percent or less of Medicaid expenditures. The costs that are driving Medicaid through the roof are not children's services. If anything, there is a great underutilization of Medicaid for this population. It is the out-of-control, longer term care costs and hospital costs that are causing the escalation. So I do not think we need to be at all apologetic about making better use of Medicaid here.

Initial Costs. Medicaid funding strategies do require some up-front investment and intensive staffing. Training is important: collaboration flows much better when the parties coming to the table have equal knowledge. And it is hard for education agencies to get very far in the conversations about Medicaid if their staff do not really understand the technicalities. If you are serious about using Medicaid funding strategies, some of your staff will need to devote a lot of time to understanding and pursuing these strategies. Many states have engaged private, for-profit consultants to provide training and guidance. Some of their work is terrific. But it should not substitute for building the technical and strategic capacity in your own agencies. Use consultants for some up-front technical work, but enable local staff to enlarge their capacity as it is needed. When we first pursued refinancing Maryland's human services, using Title IV-E and IV-A of the Social Security Act, we spent what we thought was a horrendous amount on consultation — about $200,000 in the first year. You can imagine what we had to go through to get that contract approved. But the millions and millions of dollars that resulted from it soon stifled the kind of arguments we got from the budget bureau.

Medical Model Versus New Options. Another problem has to do with attitudes about Medicaid as a medical model. The use of Medicaid still carries the danger of the medical model dominating the type of care that is provided. This is the biggest single pitfall — that Medicaid is still primarily a health-care reimbursement program. What offsets this and makes it worth all the trouble is that with the new range of options, you can minimize the "medical model" effect. But that does not mean it goes away. The most important way to minimize this risk is to focus on the program first. You need to have the financing option driven by a clear vision of what you want programmatically, and then fit the financing to it. Some of the early states to use Medicaid strategies leapt for some attractive fiscal options and then found that they had some unintended consequences in terms of the shape of their programs.

Administrative Burden. Finally, using Medicaid funding strategies inevitably increases schools' administrative burden. You will have to assess how much that burden is worth. Many districts, such as those in New Mexico, began to contemplate the new Medicaid options and reimbursement strategies, and soon realized that they were looking at an incredibly large morass of paperwork. Many small districts are incapable of handling this work as an additional task, even if there are some dollars that would be available. States must develop their own methods of juggling the rewards with the responsibilities.

Part of the answer is that small districts can make the best use of programs like the EPSDT option, where claims can be submitted using time studies and other alternatives to the fee-for-service method. These more efficient methods should not be an undue burden, even on very small districts. Large districts could use the administrative documentation for claiming a lot of the activity that goes on in school, but should also do fee-for-service Medicaid billing when economics of scale make that method efficient.

There are some ways to make billing less onerous. For example, you can use as your billing agent health departments or mental health agencies which already have billing structures in place for Medicaid. Small districts may want to have a separate staff person to do family-based work. But instead of the school having that person, it could arrange for another agency that already uses Medicaid to hire and bill for him or her as long as the school kept the supervisory functions. These are just a few of the variety of arrangements that can be made.

Some current planners propose to reduce paperwork even further by working on a decapitation system, in which states would not have to prove individual entitlement decisions but rather receive a per-capita payment based on geographic area's eligibility. A current study shows that well over 85 percent of administrative costs is usually related to individual entitlement decisions or third-party billing. With this system, the administrative costs would be substantially reduced for any size district.

As I look at the pros and cons of Medicaid funding, I think the question is one of balance. And it is also of a shifting perspective. For years we have all viewed Medicaid as just one more program to draw on. However, in state governments that are using it the most effectively, people see Medicaid as a state/federal resource with which to undergird a lot of the strategic thinking about a service system for families and children.

There is a real need on the part of educators for good strategic thinking about how to make the best use of Medicaid and for the tools and materials that would help people make good decisions. It makes no sense that individual state agencies and individual districts should have to reinvent the wheel again and again. The more you can come up with a structured way of building your capacity, sharing your information, and considering how education can best make use of these funds, the more you will be contributing not only to your budgets, but to the real debate about how to finance a national system of care for needy families and children.

Benefits of Local Collaboration

Where does some of this lead? There are many other individual funding sources to consider when refinancing, but as a whole, where do we start? We have been working recently with some local collaborative bodies — groups including representatives from education, child welfare, health, mental health, and social services. These people meet around the table in some sort of organized form; and some of those groups have been working together for three or four years and are beginning to think about fairly sophisticated work.

One strategy, what I call a "putting-it-all-together strategy," combines programmatic and fiscal considerations, with an emphasis on putting the program first. In the right brain/left brain scheme, the program side is the right brain, where people are defining the type of service system they want for families and kids in their neighborhoods and communities. Then they do the left-brain work, looking together across all these systems at the financing strategies that can support the program strategy. Technically this is very complex. It needs to be sequenced. You cannot do it all at once. But an important shift is happening. People are moving from a focus on what agencies can do to a focus on what communities need.

For example, Prince George's County, Maryland, has established a local governing board, a collaborative which is working on using Title IV-E of the Social Security Act and doing an assessment of Medicaid options. A collaborative board in the Grand Forks area of North Dakota has just decided to follow a similar path. And state agencies are considering today whether they will give full support to these efforts. These places are just beginning this process. They have all done pieces, but nobody has put together the whole. But they do have a commitment to put the money on the common table, a critical first step.

We are beginning to see that people are thinking beyond narrow categories of the school's dollar, or the human service agency's dollar, or the mental health agency's dollar. Instead, they are moving to recognize that these are the community's dollars. Individual agencies will do their refinancing work, but the dollars that come out of those efforts get put on the table for collaborative decisions about what are the most important investments for families and kids. This is one of the hardest steps to take. People who have worked hard for this money think: "Wait a minute. I generated that money. I should get it for my budget." But instead, they are preparing to channel it into the common pool.

This is a beginning strategy to break that "agencies" mindset and have a "communities" mindset on behalf of kids. It is a step toward what I think is the ultimate goal. Local collaboration and a community mindset contribute to a much more coherent, much more entitlement-based (not a word we all like to say) funding stream for these services, for these families and children. One of our primary messages should be that there is a real need for the funding environment to evolve to this collaboration-driven outcome.

The Future of Family-Care Reform

The Medicaid options and opportunities I discussed earlier are under *current* Medicaid law. If more options are added in future reforms, which seems likely, we will see an even more favorable picture. Educators and other providers of services to children should be thinking seriously about how to make Medicaid funding more workable at the state and local level.

My concern is that schools and educators are not enough a part of that debate. There has been good leadership at the federal level, but I doubt very much whether many educators see themselves as key actors in that debate at the state level. But I would urge you to get into it. To devote staff time to it. To think of it as core to your mission — as much as some of the other more traditional academic work. I think it has equally as high a payoff for you — and not only a fiscal payoff. The payoff is not even primarily fiscal, but is in terms of having children ready to learn in schools.

There are many who are concerned about the teachers and others in schools who are already overloaded with programs to implement, on top of their academic programs. This is an important issue. State leaders have the responsibility to look carefully at what is bearable at the local level and ratchet down or phase in this fiscal agenda over time.

I have been very impressed with the way New Mexico has handled this. State leaders called school districts in and sat down, not just with the education agency, but with the family service agency, the mental health agency, and the Governor's office, to talk about family services. We told them: "Establishing school-linked family services and using creative funding strategies mean a little more work. We are doing everything we can to minimize that. You will have options. You will not have to buy into it." And these conversations created a climate where the locals are very much a part of the thinking up front. That kind of good communication, good strategic up-front thinking, I think, is the answer.

Collaborating to Meet the Readiness Agenda: Dimensions and Dilemmas

Sharon L. Kagan
Bush Center on Child Development and Social Policy

America's educational history is hallmarked by ambiguity regarding its accord for young children and their families. But with the advent of the national education goals—particularly, the readiness goal—people are giving substantial thought to reexamining the social obligation of public education. Beyond polite accommodation, the elasticity of educational intent is undergoing serious scrutiny, as is the ability of the nation's schools to accommodate a burgeoning socio-educational agenda.

Not new, the debate about the role of education in society existed early in this century, with Dewey (1916) and other ardent reformer-scholars reminding us of the function of schooling in a democratic society and of the inseparability of schooling and the social needs of children (Cremin, 1976). And if industrialization and immigration did not tilt educational emphases toward a broadened educational agenda in practice, then surely the social legislation and programs of the civil rights era edged the profession in that direction.

"Edged" is the correct verb. For, despite the decades of talk and huge investments in educational invention, the socioeducational agenda has not been achieved. This chapter offers an analysis of why this has been the case in early care and education and suggests reasons why the turn of *this* century is likely to revamp historic commitments to young children and their families and to community collaboration. In so doing, I examine the dimensions and the dilemmas we face as we collaborate to define and implement the readiness agenda.

Historical Overview

Chronicled by many scholars (Beck, 1982; Billingsley & Giovannoni, 1972; Bremner, 1970-1974; Cahan, 1989; Fein & Clarke-Stewart, 1973; Grubb & Lazerson, 1982; Kagan, 1991; Kahn & Kamerman, 1987; Steiner, 1976 and Steinfels, 1973), the evolution of the nation's commitment to young children and families is fraught with inconsistency, inequity, and ineffectiveness. Manifest in the development of the first infant schools and then of the day nurseries, the value tug between home and nonmaternal care was prescient. Dubbed the "domestic ethic," the guiding theory permitted services out of the primary domicile only for the children of those deemed indigent, uneducated, or amoral. Thus, infant schools, America's first effort to alleviate poverty through education, were designed to remove children from the wanton influences of their parents. Herein lay the seeds of a deficit-oriented system of services, one that formed the foundation for the income-segregated system that still characterizes early care and education.

The theoretical hegemony of the home inhibited universal public commitments to young children. Fiscal support was highly episodic, with public services to young children and their families emerging only as the by-product of a greater social crisis (e.g., the Great Depression, World War II, or the War on Poverty). Indeed, historically the most consistent source of support for some, though not all, young children has occurred within the private and philanthropic sectors. Given these irregular and nonuniversal funding patterns, coupled with an entrenched deficit orientation, a permanently segregated nonsystem of services emerged. Sponsorship of services for young children was segregated into profit and nonprofit sectors; participants were segregated according to their socioeconomic level.

Moreover, even when the federal government did provide services for children, they were characterized by intergovernmental confusion and jurisdictional

Sharon L. Kagan is a Senior Associate, Bush Center on Child Development and Social Policy, Yale University, New Haven, Connecticut.

conflict. For example, The Lanham Act, established to provide child care and support services to women who joined the work force during World War II, was administered by the Federal Works Administration — not an agency committed to young children or familiar with their needs. Input was to be provided from the Office of Education and the Children's Bureau, but it was too little too late, compounding the program's already chaotic implementation. The Lanham Act, though providing an opportunity for collaboration, made fragmentation a durable characteristic of the nation's early care and education services.

Public schools, largely though not totally removed from the debate, came front and center with the enactments of the 1960s that secured a permanent place in the governmental pocketbook for programs for young children. With Head Start, Elementary and Secondary Education Act (ESEA) Title I, and eventually Public Laws 94-42 and 99-457, schools around the United States began to host or support preschool programs. Commitments to young children, heretofore limited to a few states or isolated demonstration efforts, began to appear in schools. Parent involvement, though always manifest in public education via school boards, became a mandated component of federal legislation, a prerequisite for federal dollars. Yet, despite increasing attention to young children and parents, until the late 1980s and early 1990s public education remained somewhat distant from the real-world needs of young children and their parents.

Changing Times

A collision of unprecedented events at the turn of the decade gave rise to a "window of opportunity." Widely publicized research extolled the benefits of early intervention; demographics reported escalating numbers of women who were and would continue to be gainfully employed outside the home; and, perhaps most important, practitioners recognized and felt compromised by the worsening conditions of children. Early childhood teachers reported increases in the violent behavior of young children who naturally mimicked the world around them. Demographers reported that one in five children live in poverty. Front-line practitioners chronicled the increasing social isolation of young mothers and the absence of fathers. Within the child care and early education field, while consensus was growing around what constituted quality practice, practitioners reported 41% turnover rates (Whitebook, Howes, & Phillips, 1989); competition among programs for staff, space, and parents (Goodman & Brady, 1988); and a growing inability to implement high-quality programs (Bryant, Clifford, & Peisner, 1989). As these various problems mounted, it became increasingly clear that they were multifaceted and were unlikely to be solved by single-purpose agencies working in isolation. Many education, health, and social services agencies felt the need to band together to rectify the sorry state of America's young children and their families.

While concern mounted within the human services, the power elite — businesspeople and politicians — recognized the liabilities of malfunctioning human services. Egged on by the specter of world competition and globalization, their voices added considerable hue to the cry for institutional reform. Building on the experience of corporate America, goal clarity, performance-based outcomes, quality management, and collaboration began to take hold. For the first time in history, national education goals were formed. The business community became actively engaged in educational innovation through the New American Schools Development Corporation. Collectively, The Business Roundtable and the Committee for Economic Development adopted educational agendas. Individually, corporate executives testified in Congress on behalf of increased support for education and for early care and education; they established task forces in their communities and invested significant corporate dollars to support the provision of quality early care and education experiences for young children.

Commitments from the business community were paralleled by increased legislation and increased appropriations. Increases in funding for Head Start and Chapter 1 were noteworthy, as was the passage of the Welfare Reform Act, the Child Care and Development Block Grant, and the Higher Education Act. Numerous demonstration efforts, including work on collaboration, transition, and the comprehensive child development program were launched. In many cases, legislation encouraged collaboration across sectors, departments, and disciplines. In several cases, collaboration was mandated. National centers to foster collaboration and service integration were established. Suddenly, after decades of isolation, children — young children and their families — and collaboration were becoming centerpieces of the national domestic agenda.

Dilemmas Posed by the "Collaboration for Readiness" Agenda

Defining and Implementing Readiness

There can be no doubt that the readiness goal has spiked national attention to young children and to the myriad of services and institutions that exist to meet their needs. So widespread is the interest and the support for the readiness agenda that organizations and agencies are redefining their goals and missions to capitalize on escalating sentiment.

With the bandwagon growing ever longer, there is grave concern about how we define and implement the readiness agenda. On the definition side, two constructs—readiness to learn and readiness for school—have vied historically for hegemony. Readiness to learn has been advanced by leading theorists in child development who acknowledge this as the level of development at which an individual has the capacity to undertake the learning of specific material, usually the age at which the average group of individuals has the specified capacity (Carter & Good, 1973). This definition suggests that multiple forces affect children's readiness to learn, including motivation, physical development, intellectual ability, emotional maturity, and health. In contrast, readiness for school has been equated with reading readiness or with the acquisition of specified tasks and skills (identifying colors, counting, distinguishing a circle from a triangle). These conflicting orientations have yielded other approaches, and have given rise to the popular maturational readiness approach, which adopts components of each. Maturational readiness accepts the standard of school readiness, that it is correct to expect children to achieve a specified standard *before* school entry, but suggests that children achieve such a standard at different time periods. Maturationists believe that it is appropriate to keep children out of school until they are ready. Gaining popularity, another theory, rooted in the work of Vygotsky (1978), suggests that children grow into the intellectual life around them. Maturationists believe that development precedes learning; Vygotskians believe that learning enhances development. Arguing that keeping children out of school inhibits such development, Vygotskians call for all children to enter schools that are ready for them.

Lacking agreement on definition, resultant practice varies dramatically. Legal ages of entry vary; what happens in classrooms varies; how parents are counseled, how children are placed, and how assessments are conducted vary. In an effort to construct a clearer definition of readiness, the National Education Goals Panel's Resource and Technical Planning Groups have offered a construct of readiness that embraces five dimensions: (1) physical health, (2) approaches toward learning, (3) general knowledge, (4) social and emotional development, and (5) language and literacy. The group has also recommended an assessment procedure that will include collecting information from parents, teachers, and children themselves through a developmental profile and portfolios.

Beyond definitional debate, there is considerable concern regarding who is responsible for implementing readiness. In some circles, readiness is considered to be primarily the responsibility of parents. In other sectors, it is considered to be the purview of the community in general (Boyer, 1991; NASBE, 1991; Sugarman, 1991). And in still other communities, tensions mount between education and human services who vie for the readiness agenda and the readiness dollars. To date, no available data indicate that any single structural entity or program is best suited to administer programs for young children and their families (Mattessich & Monsey, 1992; Sugarman, 1987). Examples abound regarding the efficacy of the schools, but many suggest that other agencies — Head Start, community centers, housing projects, health care agencies — may be equally well suited to the readiness agenda. While dysfunctional debate proliferates regarding the one best home agency, it is clear that no matter where the dollars land, collaboration will be the fulcrum on which the readiness goal rests (Kagan, 1992).

Defining and Implementing Collaboration

Just as there is little agreement on what constitutes readiness, there is little agreement on what constitutes collaboration. Some equate it with services integration, family support, or partnerships. But most commonly, collaboration is confused with its allied terms—cooperation and coordination. But it is different (Black & Kase, 1963; Elder & Magrab, 1980; Schwartz, 1981). Best envisioned as a pyramid, cooperation forms the base because it is the most widespread and the easiest to achieve. Cooperation involves informal relationships that exist without any defined structure and without mutual goal understanding. Coordination, the middle level, involves individuals and organizations that come together to meet a mutual goal. At this level, agencies retain their autonomy, though they engage in sustained joint planning. Collaboration, at the apex, represents the most complex and difficult to achieve of the three relationships. Here, joint goals

and strategies are agreed on, resources and leadership are shared, and an identifiable durable collaborative structure is established. Though somewhat academic, these definitions are helpful in that they delineate different linkage approaches and point out the challenges inherent in collaborative work.

As difficult as they are to define, collaborations — because they often generate new structures and relationships and because they cross conventional agency boundaries — pose equally difficult implementation issues. Five in particular stand out.

(1) The flexibility/accountability issue. Melaville & Blank (1991) and Kagan (1991) have verified that practitioners cite federal and state regulations as one of the strongest impediments to effective collaboration. Contending that such regulations inhibit flexible access and flexible use of funds, and that they establish dysfunctional program differences, practitioners claim that public policy asks collaborators to, in Weissbourd's (1991) words, "sail the ship with the rudder lashed." Pleas for regulatory flexibility abound. In some cases — Chapter 1, for example — many such pleas may be dismissed as perception fortified by little more than history or rhetoric. On the other hand, stringent accountability in other programs does mitigate the ease of collaboration. Largely the legacy of a two-decade preoccupation with process accountability, such regulations have placed enormous burdens on providers, offering them little useful information in return. Efforts, like those of Hornbeck (1991) and others, to shift from process to outcome accountability should be heeded.

But even this is insufficient for collaboration. Inherent in evaluating the merit of collaboration is the difficulty of attributing results to any single organization directly. Indeed, the true success of a collaboration may be marked by the degree to which outcomes can be attributed to the collective group. For outcome accountability to work effectively in the collaborative domain, it must be *collective* accountability, jointly planned and executed by all involved parties. Despite such collaborative planning, individual institutions must still be accountable for their individual contributions to the collective performance. Few collaborations have reached the level of collective accountability.

(2) The money here or money there issue. Skeptics often charge that collaborations deflect dollars from direct services. Such criticism is in part true. But only in part. In some communities, collaborations compete with direct service providers for foundation dollars, and it may be argued that federal or state dollars invested in collaborations come from within the human services pie — that they are not "a la mode" add-ons. Despite these realities, collaborative dollars tend to be very small in comparison to the investments already being made in our service delivery system for young children and families.

Such laments suggest that far more emphasis needs to be expended in assessing the cost benefits of collaboration. Morrill (1991) notes, "To the extent that collaborations are effective in cutting down long-term dependencies and performance shortfalls, the cost benefits could well justify additional expenditures. It would seem well worth exploring the potential" (p. 13).

(3) The community/state/national issue. Historically the subject of federalist debates, collaboration has been touted as a local enterprise. It has been fashionable to dub this strategy "street — as opposed to state — capacity building, or policy making." Functionally, this approach makes imminent sense. Those closest to the people should create the programs. Critics of a totally local approach raise legitimate concerns, however. Altman (1991), in an incisive critique of collaboration, "worries about community-based strategies as a main weapon in the fight against poverty in the decade ahead" (p. 79). Community intervention, so very leadership- and context-dependent, may founder in the very communities that need it most. At best, such strategies, "bubbling up community by community" (Altman, 1991), will be highly variable and difficult to maintain.

Conceptualizing collaboration as community, state, *or* national strategy separately perpetuates the exact dichotomies collaborations are working to alleviate. Rather, we need to develop systemic plans that specify collaborative roles and responsibilities across governmental levels and sectors. Work of this sort is going on in Florida, where local collaborations have influenced state plans.

(4) The some for all/all for some issue. In some communities, collaborations have fallen into a trap. They have generalized that what is good for the most needy in our population is necessary for all, and have set about developing plans for robust services for all. Advocates often offer this as a policy strategy, sensing that only when services are made universally available will they be sufficiently durable and adequate in scope for the poor. Altman (1991) refutes this line of thinking, contending that often categorical programs withstand the budget axe more easily than other programs, suggesting that such a nontargeted strategy may minimize the services available to those who need them most. Collaborations need to reflect on their missions early on, discerning whether the audience is a targeted or mainstream population.

(5) The model/full scale issue. It is tempting to want to discuss collaborations within the paradigm of innovation with which educators are most familiar. That paradigm posits that models be developed, refined, and evaluated, with those that are most successful brought to scale. Few strategies could be less appropriate for collaborations. First, they have not had the benefit of model support. Without standards to guide them, consistent funds and resources to support them, and data that empirically verify or negate their outcomes, today's collaborations still remain idiosyncratic hybrids, unplanned variations on a theme. Bereft of full support, they have had to make do; they have not had the benefit of reflective analysis that must accompany model building.

Second, and perhaps even more important, collaborations are creatures of their context. Each is extruded from state or local contexts — some quite hospitable, replete with supportive media and political and business communities, unrestrictive mandates, and long and rich histories of collaboration. Others have managed to survive despite rather inhospitable settings by understanding the unique characteristics of the host setting and capitalizing on its assets. Since no two contexts are identical, effective collaborations that are contoured to their contexts are typically dissimilar. What plays in Peoria will not necessary fly in Fairbanks. Although key lessons may be extracted for other collaborations to adapt, there is no single best model of collaboration.

The School's Role in Implementing the "Collaboration for Readiness" Agenda

Despite the considerable dilemmas associated with the collaboration-for-readiness agenda, real success stories are emerging throughout the United States. Under the aegis of the National Governors' Association, 11 states have established Readiness Action Teams. Though different in composition and precise mission, each team has established a collaborative organization that is assessing the state's readiness capacity, with the hope of meeting the national goal. Some of the states are working on collaborative accountability; Minnesota has established Children's Milestones to chronicle the numbers of children in poverty, low-birth weight babies, and women receiving prenatal care, along with a host of other social indicators. Taking different collaborative tacks, North Dakota has focused on the development of training mechanisms to meet the readiness agenda, and Ohio has built on its Head Start collaboration grant to link Head Start and other services for young children in the state.

Beyond these efforts, hundreds of early care and education collaborations emanate from local auspices. In a recent survey, more than 300 such collaborations were identified (Kagan, 1991). The majority of these were born from local service providers and community leaders coming together to improve direct services for children or to overcome the historic fragmentation that plagues early care and education. Typically, they involve education, social services, and health, though some focus on two of the three agencies. When education is involved, it is often at the helm, serving as the locus of power for the collaboration. In Farrell, Pennsylvania, and Alachua County, Florida, this pattern has resulted in increased services and responsibility for the school. In other effective patterns of school engagement, the school is not the lead, but participates in the collaboration as an active, or even a passive member.

Whatever role schools play, they may direct their collaborative efforts internally, fostering linkages among the grades. For example, districts have launched rich inservice programs that span prekindergarten and the primary grades; they have instituted districtwide curriculum review committees; and they have established committees to review assessment procedures. This kind of linkage is not really a collaboration, but assists children as they make the transition from one grade level to another.

A second kind of linkage effort in which schools are engaged takes place between schools and families. Over the years, much has been written on the relationships between schools and families by noted scholars and practitioners (Comer, 1980; Hymes, 1974; Lightfoot, 1978; Sarason, 1990; Seeley, 1981). Undergirding these works is a commitment to moving beyond accommodation to the assimilation of families and their values. Collaborations with parents in the 1990s harken back to these efforts, but they are also imbued with a commitment to family support and family empowerment. Such efforts, in the words of Coleman (1991), are designed to rebuild social capital; for when the social capital of families and communities is at risk, school effectiveness is at risk. Coleman's case for school-family-community enmeshment pertains irrespective of children's ages, though we know such engagement is particularly vital when children are young and when family stability is most vulnerable. Supported by an established and growing body of evidence affirming the value of family involvement and support in the early years (Powell, 1989) and by numerous examples of effective home-school collabo-

rations from Head Start and other early childhood programs, the readiness goal may be the catalytic back door through which meaningful parent linkages may be achieved.

A third kind of linkage, usually manifest as a collaboration, takes place among primary providers of care and education for young children. Such collaborations involve the schools, Head Start, child care providers from the profit and nonprofit sectors, family day care providers, and those who operate the burgeoning number of resource and referral programs. Typically such collaborations are formed in response to legislative initiatives, a Request for Proposal that requires collaboration, or in response to a felt community need — a natural catastrophe, an outbreak of crime or violence, a paucity of child care. The collaborations work to address transcendent problems that could not be effectively addressed by any single program.

These collaborations bring together providers across the sectors and typically form a new entity, a council, a task force, a mayoral or gubernatorial committee. In one Massachusetts community, an informal collaboration was formed to establish a coordinated approach to transporting children among programs. Quite successful, the collaboration then decided to tackle the problem of program competition for substitutes and staff; they established a coordinated substitute pool and coordinated inservice training. In Kansas City, a particularly noteworthy collaboration, the Metropolitan Area Regional Council, has pulled together providers, established a communitywide resource and referral process, coordinated training across the city, and commandeered foundation support for their efforts. This collaboration has been noteworthy because it accomplished a great deal under the auspices of a neutral non-state, non-city agency. Such neutrality of locus has been an important factor in engaging acrimonious parties, with no single group threatened by the clout of a mega-public agency.

Finally, the fourth type of collaboration to achieve the readiness agenda involves the coming together of key public agencies and the private sector to expedite service delivery. Such collaborations are especially potent in meeting the readiness goal because they acknowledge the importance of multiple domains of readiness. Moreover, with many agencies at the table, such collaborations can identify problems that transcend agencies, develop common goals, and develop shared strategies for achieving these goals. Not only have these collaborations been recommended by numerous national reports, including the National Association of State Boards of Education report, *Caring Communities*, and Ernest Boyer's *Ready to Learn*, but they are taking hold in communities throughout the nation. Indeed, it is this approach that is most often reflected in the Governors' Readiness Action Teams.

Society's Role in Implementing the "Collaboration for Readiness" Agenda

We need to consider many steps as we prepare to meet the readiness agenda. Broadly categorized as "Refining Our Understandings" and "Developing Action Strategies," these steps include the following dimensions.

Refining our Understandings

(1) Reconstruct early childhood education as a professional domain, not as a series of programs. Part of the need for collaboration in early childhood emanates from the episodic history of the field that began with a series of programs, not a systemic or single orientation. Today, it is not uncommon for early childhood education to be seen as a litany of programs: Head Start, Even Start, Chapter 1, P.L. 99-457, WIC, Title XX, the Child Development Block Grant. The very existence of these programs tacitly suggests that we do have an early childhood agenda. Yet, in some school districts and in our federal department of education, there is no early childhood division. The commitment — unlike that to elementary, higher, or migrant education — exists because of programs, not because early childhood is recognized as a legitimate and distinct professional domain. At each level of education - -district (size permitting), state, and national — early education units must exist if we are to begin to accomplish the readiness agenda. The program approach is insufficient to the task of implementing readiness.

(2) Move from collaboration as strategy to collaboration as philosophy and pedagogy. To date, we have concentrated our concerns about collaboration on strategy, neglecting collaboration as philosophy and as pedagogy. Specifically, if real collaboration is to take root, our attitudes and philosophies must change. Grubb and Lazerson (1982) have pointed out that as a nation, we prize individualism and individual success: true collaborative groups — the Amish, Shakers, Hasidic Jews, and 1960s experimentalist — are regarded as socially deviant. As a society, we need to encourage a philosophic reorientation so that collaboration can be valued along with competition. Such a philosophic reorientation begs for conversion

of social values from exclusion to inclusion, and from involvement to empowerment.

In addition, we need to consider collaboration as pedagogy. Rather than extolling competition in our schools, incentives for collaborative work and collaborative achievement must be nurtured. Cooperative learning strategies should be advanced for children, as well as adults. Beyond current practice, those trained in early care and education need to extend their pedagogical horizons to incorporate better understandings of pedagogical strategies taking hold in education, and those trained in formal schooling need exposure to the practices of early childhood education. Teachers of children of all ages need exposure to responsive observation, negotiation, and management skills. To further our collaborative capacity, training programs for adults must provide opportunities for human service and early education workers to garner experience in finance, public relations, and advocacy.

Developing Action Strategies

(1) Secure public and fiscal support. There is little doubt that rhetorical commitments to collaboration abound; the challenge is to make the rhetoric more accessible to a broader audience and to use the rhetoric currently in service to change widespread attitudes and values. Commandeering media attention and alluring legislators, business, and industry are important strategies. Their engagement is critical because collaborations need both public endorsement and fiscal support. Collaborations *can* make a difference, but only when their own longevity is secure. Indeed, durable funding has been identified as one correlate of successful collaborations (Kagan, 1991). As important, irrespective of funding source, financial supports must be accompanied by an ideology of invention and experimentation. The collaborative art is developing, and it needs the space and support to make mistakes. It needs the freedom to learn from those mistakes as well as the security to try again.

(2) Develop local and state collaborations. Capitalizing on the current Zeitgeist, collaborations can be nourished in communities and states throughout the nation. Dubbed "children's networks" (California Tomorrow and, the Children and Youth Policy Project, et al, 1991); "interagency partnerships" (Melaville & Blank, 1991); "early childhood leadership forums" (NASBE, 1991); or early childhood coordinating agencies (Sugarman, 1991), organized collaborations, by whatever name, must take the lead in bringing together the early care and education community. Groups should be broadly constituted, and should assume responsibility for planning that transcends single agency purview. Where feasible, collaborations should exist at the local *and* state level; and they should engage in structured interactions. Clearly delineated functions between state and local collaborations minimize duplication of efforts and turfism.

(3) Consider alternative homes for the collaboration. Because collaborations function well when generated inside or outside of government, there is no single home or structure that seems to work best in all settings. But each structure does impose limitations. For example, as an agent of government, such collaborations may lose their ability to be neutral and to act as responsible advocates for children and families. With limited degrees of freedom, they sacrifice their ability to act as catalysts for major reform. The closer to the seat of authority, the more the agenda is subject to political capitulation. Conversely, collaborations lacking governmental imprimatur may sacrifice political clout and ease of maneuverability within governmental agencies.

If collaborations are placed within the public domain, as Sugarman (1991) has recommended, safeguards that prevent the collaboration from being captive to any single elected official, agenda, or agency need to be established. Without such safeguards, effective collaborations can collapse with changes in executive leadership, and they can be held hostage to one agency's agenda. Specifically, such safeguards might include: (a) statutory creation with loosely prescribed mandates; (b) housing close to the executive but not in an agency or department responsible for direct service provision; (c) joint funding by public and private dollars; (d) members appointed by multiple bodies (e.g., the governor, the legislative leadership, professional organizations); and (e) outcome-based (as opposed to accomplishment-focused) accountability that is publicized.

(4) Engage front-line practitioners. Support for collaboration has too often remained the purview of human service and early education leadership, not pervading front-line practitioners. Sarason (1990) reminds us of this in his volume on school reform, asserting that we need to pay attention to the obvious. He contends that reform efforts have often failed because they have been largely apolitical; that is, they have diminished the significance of not only legislative policymakers but the day-to-day, front-line policymakers. Many of today's teachers are disengaged from collaboration. Verzaro-O'Brien (1991) addresses this issue well with respect to the Head Start community, urging Head Start practitioners to pay greater attention to collaborative issues. She reminds us that we must take care to ensure that in the press to procure external supports, collaborators do not neglect internal ones.

(5) Encourage evaluation. Gnawing questions about the value of collaboration and integrated services have pervaded the literature of the last 20 years, with each iterative attempt re-asking the same questions and lamenting the lack of a definitive answers. Until a well-designed, well-implemented, national study of collaboration is undertaken, such questions will be perpetuated through generations. Dedicated funding should be used to support short-term evaluations, with longitudinal efforts being supported by the federal government through extant research entities. Without such evaluation, 1990s collaborative efforts are likely to decay like many of their predecessors. Those that are well supported will have a longer shelf life; less well-supported efforts will inch along to their eventual demise, having rendered little more than a short-term infusion of energy. Tomorrow's social problems deserve analysis of one of today's most promising social strategies.[1]

References

Altman, D. (1991). *The challenges of service integration for children and families.* In L. B. Schorr, D. Both, & C. Copple (Eds.), Effective services for young children: Report of a workshop. (pp. 74-79). Washington, DC: National Academy Press.

Beck, R. (1982). *Beyond the stalemate in child care public policy.* In E. Zigler & E. Gordon (Eds.), Day care: Scientific and social policy issues. (pp. 307-337). Boston, MA: Auburn House.

Billingsley, A., & Giovannoni, J.M. (1972). *Children of the storm: Black children and American child welfare.* New York, NY: Harcourt Brace Jovanovich.

Black, B.J., & Kase, H.M. (1963). *Interagency co-operation in rehabilitation and mental health.* Social Service Review, *37*(1), (pp. 26-32).

Boyer, E. (1991). *Ready to Learn: A mandate for the nation.* Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Bremner, R.H. (1970-1974). Children and youth in America. (Vol. 2, pts. 1-6). Cambridge, MA: Harvard University Press.

Bryant, D., Clifford, R., & Peisner, E. (1989). *Best practices for beginners: Quality programs for kindergartners.* Chapel Hill, NC: Frank Porter Graham Child Development Center.

Cahan, E. (1989). *Past caring.* New York: National Center for Child in Poverty, Columbia University.

Carter V. Good (Ed.). (1973). Dictionary of education, 3rd Ed. New York, NY: McGraw-Hill.

Chang, H., Gardner, S., Watahara, A., Brown, C., & Robles, R. (1991). *Fighting fragmentation: Collaborating efforts to serve children and families in California's Counties.* A joint publication of California Tomorrow and the Children & Youth Project, University of California, at Berekely. Berekely, CA: Author.

Coleman, J.S. (1991). *Parental involvement in education.* Washington, DC: U.S. Department of Education.

Comer, J.P. (1980). *School power.* New York, NY: The Free Press.

Cremin, L. (1976). *Public education.* New York, NY: Basic Books.

Dewey, J. (1916). *Democracy and education.* New York, NY: The Free Press.

Elder, J.O., & Magrab, P.R. (1980). *Coordinating services to handicapped children: A handbook for interagency collaboration.* Baltimore, MD: Brookes.

Fein, G., & Clarke-Stewart, A. (1973). *Day care in context.* Wiley.

Goodman, I.F., & Brady, J.P. (1988). *The challenge of coordination.* Newton, MA: Education Development Center.

Grubb, W.N., & Lazerson, M. (1982). *Broken promises: How Americans fail their children.* New York, NY: Basic Books.

Hornbeck, D. (1991). *Outcomes as a tool to provoke systems change.* In L. B. Schorr, D. Both, & C. Copple (Eds.), Effective services for young children: Report of a workshop (pp. 105-108). Washington, DC: National Academy Press.

Hymes, J. (1974). *Effective home-school relations.* Sierra Madre, CA: California Association for the Education of Young Children.

Kagan, S.L. (1991). *United we stand: Collaboration for child care and early childhood services.* New York, NY: Teachers College Press.

Kagan, S.L. (1992). *Ready or Not! Collaboration is the fulcrum on which readiness goal rests. School Administrator, 49*(5), (pp. 14-18).

[1] As this discussion has pointed out, ambiguity still surrounds the fundamental issue of the role of schools in society, as well as the subissues of collaboration and readiness. The reality is that how we address the latter issues will, in fact, create the response to the former. As the educational establishment addresses readiness, it extrudes its response to the role of schools in society, making this a high-stakes endeavor not only for today's children and families, but for tomorrow's construct of education. For that reason, it is imperative that we understand not only the dimensions and dilemmas of the challenge, but the opportunities the collaboration-for-readiness agenda affords the nation.

Kahn, A.J., & Kamerman, S.B. (1987). *Child care: Facing the hard choices.* Dover, MA: Auburn House.

Lightfoot, S.L. (1978). *Worlds apart: Relationships between families and schools.* New York, NY: Basic Books.

Mattessich, P.W., & Monsey, B.R. (1992). *Collaboration: What makes it work.* St. Paul, MN: Amherst H. Wilder Foundation.

Melaville, A.I., & Blank, M. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington, DC: Education and Human Services Consortium.

Morrill, W.A. (1991). *Improving outcomes for children and families at risk- Collaborations which integrate services: Next steps.* Washington, DC: U.S. Department of Education, and U.S. Department of Health and Human Services, [ED Contract LC89089001].

National Association of State Boards of Education (NASBE). (1991). *Caring communities: Supporting young children and families.* Alexandria, VA: Author.

Powell, D. (1989). *Families and early childhood programs.* Washington, DC: National Association for the Education of Young Children.

Sarason, S.B. (1990). *The predictable failure of educational reform.* San Francisco, CA: Jossey-Bass.

Schwartz, T.A. (1981). An inquiry into relationships between human services agencies: Danville (VA). (Research Report 81-107). Charlottesville, VA: University of Virginia.

Seeley, D. (1981). *Education through partnership.* Cambridge, MA: Ballinger.

Steiner, G.Y. (1976). *The children's cause.* Washington, DC: Brookings Institution.

Steinfels, M. (1973). *Who's minding the children: The history and politics of day care in America.* New York, NY: Simon & Schuster.

Sugarman, J.M. (1987). Institutionalizing child development activities. (Draft concept paper for the Department of Social and Health Services.) Olympia, WA: Author.

Sugarman, J.M. (1991). *Building early childhood systems: A resource handbook.* Washington, DC: Child Welfare League of America.

Verzaro-O'Brien, M. (1991). *The challenges of collaboration: The Head Start issue for the 1990s.* Paper prepared for the ACYF Head Start Management Institute. Author.

Vygotsky, L. (1978). *Mind in society: The development of higher psychological processes.* Cambridge, MA: Harvard University Press.

Weissbourd, R. (1991). *Making the system work for poor children.* Cambridge, MA: John F. Kennedy School of Government, Harvard University.

Whitebook, M., Howes, C., & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America.* Oakland, CA: Child Care Employee Project.

Collaboration for Young Adolescents: Transforming Middle-Grades Education

Frank A. Loda
University of North Carolina

In 1977, Joan Lipsitz wrote *Growing Up Forgotten: A Review of Research and Programs Concerning Early Adolescence*, stressing the unique needs of young adolescents and the lack of appropriate services for the age group. In the 15 years since that time, societal interest in the needs of young adolescents has increased greatly; and the education community is now placing a greater emphasis on the importance of the middle grades student. *Turning Points: Preparing American Youth for the 21st Century*, the report by the Carnegie Council on Adolescent Development (1989), showed the national concern with the status of young adolescents and middle grades schools. Many of the same problems confront this age group that face our larger society, and their needs have much in common with those of the total community. However, the uniqueness of the developmental needs of young adolescents creates special opportunities and challenges for professionals who work with this age group.

In the past 30 years, proponents of early childhood education have increased our awareness of the critical periods in human development that present special needs and opportunities for learning and development, which, if missed, have serious implications for subsequent development. Less attention has been devoted to early adolescence, which, like early childhood, is a time of rapid change during which youth must develop skills vital to subsequent successful adaptation to adulthood. To acquire these skills, young adolescents need support from caring adults in responsive social institutions that allow them to gain increasing independence and self-control.

There is a risk in focusing on the unique needs of any age group and advocating that they receive particular emphasis in the allocation of public resources. We must realize that human and societal development is a seamless garment; as Thomas Wolfe (1929) said, "Every moment is a window on all time" (p. 3). In medicine, we are becoming increasingly aware that prenatal care is not enough to prevent disabilities in childhood; we must ultimately institute preconceptional care if we are to maximize the health of children. In the same way, we must realize that the success of early childhood programs in public education will be strongly influenced by the quality of the education we provide to the adolescents who will be the parents of those young children. In a sense, middle grades and high school education of adolescents is also pre-prekindergarten education for the next generation. This is an important point because proponents of improved early adolescent services do not seek to reduce the appropriate emphasis on the unique needs of other age groups. It is our contention that equal emphasis must be placed on the needs of the early adolescent.

In the same way that *Turning Points* was a significant publication in 1989, *Fateful Choices: Healthy Youth for the 21st Century* (Hechinger, 1992), also sponsored by the Carnegie Council on Adolescent Development, serves to emphasize the importance of the choices that young adolescents make. Hechinger states:

> Fateful choices confront young adolescents. If they are to choose wisely and thrive, they need understanding and help. Too many of them are raised in poverty and neglect, in homes that cannot provide physical safety, mental stimulation, or even minimal supervision. Some are without homes altogether . . . What is at stake are not only the precious individual lives of our young people, but our national health and our future as a nation (p. 22).

Adolescents experience fundamental changes in their relationships with parents, with peers, and with the institutions of society that force them to make

Dr. Frank A. Loda, M.D., is Director and Professor of Pediatrics of the Center for Early Adolescence, School of Medicine, University of North Carolina at Chapel Hill.

choices. Because these changes affect all aspects of the adolescent's life, they cannot be dealt with exclusively in the context of traditional educational institutions. Clearly, acquiring the skills and knowledge necessary for a successful adulthood is a key task of the young adolescent and central to the mission of schools. To assume, however, that schools alone can support adolescents in their transition to adulthood is to understate the magnitude of the task of preparing young adolescents to cope successfully with increasingly complex demands of our society.

Basic Needs of Adolescents

Adolescents share the basic human needs for food, shelter, physical safety, access to health care, and transportation to needed services. Unfortunately, in our society, these basic needs are not always met. As increasing numbers of young adolescents live in poverty, lack of food and shelter is a major problem for many, particularly if shelter is defined to include not only four walls and a roof, but a safe and nurturing environment. A recent report on adolescent health issued by the Office of Technology Assessment of the Congress of the United States (1991) estimated there are as many as 1 million homeless and runaway adolescents each year. This report estimated that perhaps 1 out of 5 of today's 31 million adolescents have at least one major health problem.

A review of national progress in meeting the 1990 health objectives for the nation reveals that the adolescent and young adult population was the only age group in which the goal of reduction in mortality was not met. In this report, McGinnis, Richmond, Brandt, Windom, & Mason (1992) state:

> Areas of poor progress and increasing concern include infant mortality and low birth weight among some minority and low income populations; teenage pregnancy and unintended pregnancy; suicide and homicide among youths; drug-related mortality; and incidence of primary/secondary syphilis, congenital syphilis, measles, and hepatitis B infection (p. 2547).

Significant progress was made in most health areas affecting adults and young children, but there was either no progress or deterioration in many of the areas affecting adolescents; and while the mortality and morbidity was greatest in adolescents over 15, the risky behaviors that led to those tragic outcomes frequently began in early adolescence. By age 15, approximately 25 percent of adolescents "are engaged in behaviors that are harmful or dangerous to themselves and others" (Hechinger, 1992, p. 21). These disturbing findings are as significant for the education community as they are for health professionals because this deterioration in the physical and emotional health of our youth affects their ability and that of their children to succeed in academic settings.

Developmental Needs of Adolescents

While keeping in mind these overwhelming survival issues, we must also focus on the developmental needs that affect all young adolescents. The Center for Early Adolescence developed a list of seven developmental needs of young adolescents to serve as a basis for planning appropriate programs for them. Specific examples of how these needs can be met by the school, family, and community suggest that if we are really to serve young adolescents effectively, the school and the larger community must share responsibility. Unfortunately, our tendency is to deal with the needs of this age group from an institutional perspective without considering what adolescents require; but it is more appropriate to focus first on the developmental needs of young adolescents and then to consider how institutions can respond successfully.

Positive Social Interactions

The first developmental need of young adolescents is for positive social interaction with adults and peers. One of the fundamental social changes of adolescence is that relationships with adults, especially parents, change; and there is an increasing importance placed on peer relationships. Positive social interaction with both adults and peers is extremely important to young adolescents. There is a tendency in our culture to underestimate the importance that young people place on meaningful social contact with caring adults, particularly parents. Peter Scales (1991), in *A Portrait of Young Adolescents in the 1990s: Implications for Healthy Growth and Development*, states this well:

> Popular culture [pictures] . . . the period as one of rejection of parents, whereas rejection is really temporary and on a superficial level for most. The great majority, for example, express preference for learning about sexuality and other important issues, more from their parents than from their peers. . . . Young adolescents begin the task, not of separating from parents so much as differentiating and distancing from parents enough to establish a personal identity (pp. 15-16).

Other caring adults can complement this parental role and serve as important parental substitutes for adolescents who are living with one parent or living in dysfunctional families. School personnel can provide this important adult social interaction with young adolescents through strong advisor-advisee relation-

ships, staff participation in activities, and informal contact outside the classroom. It is almost impossible to overemphasize the importance of a school environment that facilitates the development of nurturing links between school staff and young adolescent students.

Schools can also encourage socially constructive peer interaction by offering small-group learning activities, by providing space for small groups of students to informally congregate, and by developing peer-helping programs.

Many of these positive social interactions occur in community organizations. A major strength of youth-serving community programs is the provision of opportunities for adolescents to interact with peers and adults. Mentoring programs such as Big Brothers and Big Sisters have adult contact and support as their major objective, but mentoring and peer-group support are important aspects of most community youth programs. More coordination between schools and youth-serving agencies would increase the likelihood that young adolescents have the opportunity to develop positive links with both adults and peers.

Structure and Limits

The second developmental need of young adolescents is the existence of structure and clear limits in their lives. Schools need to have clearly stated rules and expectations that are generally accepted and understood by students and staff members. Students should be involved in the development of these rules and in the consequences for failing to observe them. Although schools need to avoid rigid structure and excessive limits that invite dependency, hostility, withdrawal, or rebellion, adolescents need the security that is provided by clear limits so that they can learn and grow during this period of change. Adolescents often find it difficult to understand the socially accepted limits on their behavior because of the changing and often contradictory mores of our society. Indeed, the life experience of many adolescents would suggest that antisocial behavior is more likely to lead to financial gain and social acceptance than school attendance and available job opportunities.

Because of these social pressures, all the community's social institutions must provide young adolescents with a sense of structure that they understand and in which they feel a stake. Community members need to support the traditional role of the family in providing a framework, while recognizing that many families are themselves stressed and struggling to maintain structure and continuity. Both families and adolescents need to be connected with social institutions that can help support them.

Develop Competence and Achievement

The third developmental need of young adolescents is to develop competence and achievement. Schools need to emphasize high-quality instruction, positive expectations for all students, and meaningful rewards and praise, as well as opportunities for increased independence and responsibility. A variety of teaching methods and a balanced curriculum of basic subjects, high-interest exploratory courses, and extracurricular activities help provide a diversity of opportunities so that each student can succeed at some meaningful task. Opportunities in the schools need to be supplemented by opportunities within the community. The family has an important role to play in giving adolescents both recognition and the opportunity to participate in activities in which they can learn and succeed. Community organizations, such as parks and recreation programs, youth-serving agencies, youth programs based in religious institutions, and community-based cultural enrichment programs, can provide opportunities for adolescents to learn and experience success.

It is important to emphasize the importance of increasing competence and achievement, not just increasing self-esteem. As Scales (1992) has stated:

> We need to focus not so much on the self-worth component, that is, do I feel good about myself, but rather on the self-efficacy component, the sense I have that I can act to make desired things happen in the real world. Too often, in helping young people, we try to build their self-esteem by exercises focusing on self-worth, to the neglect of increasing self-efficacy (p. 5).

The wider the range of opportunities for adolescents to find areas in which they can excel, the greater the chance each adolescent will experience the acquisition of skills and the thrill of success.

Opportunities for Creative Expression

The fourth developmental need of young adolescents is to have an opportunity to creatively express their new feelings, interests, abilities, and thoughts. A middle grades curriculum needs a balance of core courses and more specialized cultural activities, such as drama, music, cooking, painting, and dance, which allow opportunities for self-expression. Outside of school, similar programs are greatly needed to involve young adolescents in creative activities. Such activities, conducted by community organizations, may appeal to young adolescents as more spontaneous and culturally appropriate than similar activities within the school.

Outside activities can also increase the intellectual competence of adolescents while allowing for creative expression.

A good example of how community programs can create an environment in which students become excited about learning is the Rural Organizing Cultural Center in Holmes County, Mississippi, which took the Foxfire (Wigginton, 1985) concept and developed a black oral history project. As a summer and after-school project, middle grades students at this center have produced a book, *Minds Stayed on Freedom*, based on their community's experience during the civil rights movement of the 1960s.

Physical Activity

Physical activity is the fifth developmental need. Responsive schools need to provide structured outlets for the physical energy of all young adolescents. Noncompetitive physical education, which involves *all* students, is an important aspect of school life. Physical activity should be encouraged during breaks and at lunchtime. Community sports programs can supplement the school program and involve all adolescents in physical activity. They also can be linked to after-school tutorial programs to emphasize the link between physical activity and intellectual performance. Many programs available to adolescents in the community involve physical activity, but these programs should stress participation for all adolescents, irrespective of their developmental and skill level. Physical activity needs to become a pattern for life, not just a one-semester requirement. One of the more disturbing aspects of the 1990 health objectives report (McGinnis et al., 1992, p. 2549) was that little or no progress was shown in improving the exercise patterns of youth aged 10 to 17. There was progress in all adult age groups, including those over 65.

Participation in the Community

The sixth developmental need is for meaningful participation by adolescents in their families, schools, and communities. Student-initiated community activities, student councils and committees, and school improvement projects all are ways in which schools can engage students in these areas. Schools can offer opportunities for students to extend their knowledge and competencies by working in the community on service projects. Service learning can be an important link between schools and community agencies. Not only should adolescents feel that they are a meaningful part of the school community, but they need to be involved in community services through family groups, volunteer organizations, and religious groups. The school and community together need to develop opportunities for young adolescents to increase their sense of competence and achievement by significant service to their community. These activities need to be meaningful and lead to community recognition of young people. This increases the adolescent's sense of competency and helps improve community attitudes about youth.

Self-Definition

The final developmental need of young adolescents is for self-definition. Adolescents need to learn who they are. Schools can help students focus on who they are and how they relate to the larger world; but it is only in the larger community that adolescents learn to find meaningful roles for themselves as they move into adult society — and they need the support of their family and the community in seeking these roles. The school can help provide the background for self-definition through such activities as service learning.

Good programs, whether in schools or in the community, help adolescents meet these developmental needs. Effective programs usually meet several developmental needs simultaneously because there is overlap. Functioning families provide a setting in which many of these needs are met; but too often families are severely stressed. Adolescents often live in environments that are chaotic and provide limited opportunities for creative expression and physical activity. They are not provided with opportunities to participate in meaningful ways in their families, schools, and communities; and they lack positive adult and peer role models. Most social institutions, including schools, were not designed with the developmental needs of the young adolescent in mind. For this reason, there have been efforts to change these institutions. The middle school movement is an expression of these efforts within the education community, just as comprehensive adolescent clinics are an effort to make health services more available and developmentally appropriate to young adolescents.

Institutional Reform in School and Community

At the core of the middle grades reform movement is the belief that successful learning can only occur when the special developmental needs of young adolescents are met and that educational institutions must be adapted to meet those needs. This approach to intra-institutional reform within the educational community is vital, but it will only succeed in changing the lives of young adolescents if there is an accompanying

inter-institutional reform that creates a community that responds to the needs of youth. The developmental needs of youth require access to supportive adults, settings that encourage positive peer relationships, opportunities to acquire new skills and experience success, and a stable, safe environment with reasonable and understood limits on acceptable behavior.

Young adolescents will succeed only when these conditions exist in both the school and the community. Youths need a consistent message because they are not yet mature enough to deal with extreme disparities between what is allowed and valued in school, home, and community. Adolescents have the freedom to pick and choose many of the things they will do. As they develop independence, they need to learn how to access community services; they can no longer depend on their parents to do it for them. That is a key reason why linkages between services need to be improved and barriers to access reduced. Adolescents need help in learning where to find needed help. Young adolescents, because of their relative lack of maturity and social skills, suffer more than any other age group from our fragmented system of services. Making middle grades schools more developmentally appropriate will have maximal impact only when communities and schools learn how to link responsive services and make them accessible to adolescents.

Shared Responsibilities

The report of the National Commission on the Role of the School and the Community in Improving Adolescent Health (1990), *Code Blue: Uniting for a Healthy America*, is a clearly enunciated statement of the needs for institutional change and increased responsiveness to meeting adolescent needs. The four recommendations of the commission deserve our attention:

(1) ***Guarantee all adolescents access to needed health services, regardless of their ability to pay.*** These services should include family support, psychosocial, and medical services. Health services should include preventive services, treatment of acute and chronic illness, psychological and mental health care, and substance abuse treatment. The commission recognized that this guarantee requires a restructuring of public and private health insurance because adolescents currently are the least well-insured group in the population. We need adolescent health centers that are easily accessible to adolescents in schools or other convenient locations. Public health services, school health services, and other direct services for adolescents need to be expanded.

(2) ***Make communities the front line in the battle for adolescent health.*** The commission recommended that fundamental responsibility for organizing health services, as well as other human services, should be with local governments, school boards, and local public health agencies. Commissioners argued that if communities are truly to become effective participants in improving the lives of adolescents, they need to establish coordinating councils for children, youth, and families to develop local solutions to local problems, with adolescent welfare being a major focus. Federal and state governments need to make radical changes in policies, programs, and operations to support locally developed, collaborative efforts. Finally, commissioners recognized that neighborhood residents and families must unite to transform disparate organizations and individuals into caring communities. The need to involve families and public and private organizations in a coordinated community effort was a major focus of the report.

(3) ***Design services to meet the needs of adolescents and their families.*** This recommendation is perhaps the most challenging. The commission recommended that services be "deliberately and consciously designed to meet the needs of individual adolescents and their families, instead of being molded to suit the administrative convenience of the agencies themselves" (p. 29). The report called for bold actions that would modify "business as usual" practices so that collaboration could occur. Commissioners urged the creation of neighborhood service corps to ensure that the most vulnerable populations, including young adolescents who live in poverty, receive services. They also recommended a major revamping of the training of professionals. They stressed the need to focus on interprofessional collaboration and adolescent growth and development. They also emphasized the need of professional organizations to provide continuing education for professionals in these two vital and often overlooked areas.

(4) ***Ensure that schools play a stronger role in improving adolescent health.*** Commissioners stressed that schools are a pivotal organization if adolescent health is to be improved. They recommended smaller and more personal schools with a more positive learning environment. They asked for major changes in health education. They wanted more collaboration within schools and with external service providers. They stressed the need for better coordination within schools in areas of health, as well as the meaningful involvement of all the school community in health issues.

Although *Code Blue* represents a collaborative effort among leadership groups within the health and education communities, it stresses throughout the importance of reaching beyond agency partnerships to involve the entire community. When people talk about community coordination for young people, they frequently define *community* in a particular way. It may be a school-business partnership, it may be a school-parent partnership, it may involve human service agencies in the community, or it may involve closer ties with the political establishment. In some cases, community may mean improving relationships within a defined geographic area among all citizens and community groups. In a sense, community is all of these things. A successful program for serving young adolescents ultimately will need to create a community of shared interests that goes beyond business leadership, parents, other agencies, or the political leadership. It must involve a sense of shared responsibility of everyone in the community for its youth.

Parent Involvement

In this context, it is particularly important to focus on parent involvement. The early childhood movement in the United States has done a great deal to make human service providers more attentive to the rightful role of parents in the care of their children and the role that parents can play in advocating for their children. Unfortunately, much less has been done to involve parents in the middle school movement and in the development of services for adolescents.

For many reasons, parents traditionally have been less involved as their children become adolescents. In part, it reflects the general societal view that young adolescents are in the process of rebellion against their parents and need less parental involvement. The reality is that young adolescents *need* their parents' commitment in their lives. Organized parents of adolescents need to demand that institutions are changed to meet the needs of their children. They must not be passive if true change is to occur.

Leadership of Health and Education Agencies

The professional community, in both health and education, as well as in the other helping professions, must play a leadership role in developing community consciousness of the needs of their youth and how they can be met. Health providers and educators, however, must recognize that they will not affect the total environment of youth sufficiently unless they can mobilize the active involvement of the entire community, including parents, youth-serving agencies, religious organizations, community action groups, and volunteers of all types. Schools are central to the process, but they alone cannot achieve middle grades school reform. Middle grades school reform will occur only when there is a general community consciousness of the needs of young adolescents and what has to be done to support them.

At the state and local level, numerous initiatives seek to change the way services are provided to young adolescents in the school and in the community. In a recent issue of *The Future of Children* (published by the David and Lucille Packard Foundation), Levy & Shepardson (1992, pp. 45-55) describe many model programs—and include some important words of caution:

> As more communities begin exploring the idea of school-linked service strategy, they understandably are eager to extract from this experimentation models that can be replicated, yet from our perspective, a distillation and promotion of models seems premature. The very diversity of efforts in itself defies categorization into a limited number of structures and approaches. To succeed, a community must develop an approach and tailor program design to capitalize on its particular strengths and opportunities and to respond to its citizens' unique combination of needs and expectations (p. 46).

Though no single model for success exists, certain program characteristics are associated with success. The first is a broad coalition of community support. A significant portion of the community must share the vision that all members have a stake in improving the lives of young people; and they must be willing to take the risks and pay the costs that are associated with developing a comprehensive youth program. Second, there must be dedicated leadership. This leadership must be knowledgeable and committed and have the patience and understanding to develop a consensus of what is needed and what is possible.

In our work with the Foundation for the Mid South in Arkansas, Louisiana, and Mississippi, we have been impressed with the quality of leadership that exists in many communities. Outstanding community leaders include Beatrice Clark Shelby of the Boys, Girls, Adults Community Development Center in Marvell, Arkansas; Sanford Tollette of the Joseph Pfeifer Kiwanis Camp in Little Rock, Arkansas; and Patricia Crosby of Mississippi: Cultural Crossroads (Center for Early Adolescence, 1991). These people are the kind of local leaders who create innovative programs that meet the developmental needs of young adolescents in their community. The problem is that these efforts are often unrecognized, and they do not stimulate similar programs in other communities. There is a

pressing need for leadership at the state and regional level to develop networks that foster a sharing of ideas and provide support and encouragement to these local groups and their talented leadership.

The third requirement for program success is a recognition by all the participants of their shared responsibility for success. Community organizations must be willing to participate in a meaningful decision-making process that sets community priorities and identifies the best way of accomplishing community goals, irrespective of who stands to gain the most organizationally.

A fourth requirement is increased flexibility in federal and state policy so that local communities can creatively use available resources to meet their unique needs. We need less emphasis on categorical services and more emphasis on comprehensive services, with more sharing of responsibilities and less duplication.

Finally, increased resources are going to be required. Even if communities maximally use all the available resources and develop the most effective coordination, they will likely find important gaps in services. Part of the solution is to tap existing funding streams more effectively and see that they are equitably shared among age groups. For instance, eligibility for Medicaid is usually much more limited for the adolescent age group than for young children. Mental health services need to be directed more toward the needs of this age group and particularly toward preventive services. However, even if all the existing funding streams are tapped and the efficiencies in the system are maximized, communities will need to develop more resources for this still-underserved age group.

Public Attitudes

We need to be constantly vigilant in seeing that youth are served when programs are initiated. Adolescents have not had an effective public lobby for their needs. There are negative community attitudes about adolescents. They are associated with problems of abortion, AIDS, drugs, and violence — subjects that society would like to forget. Adolescents simply lack the emotional appeal of infants and young children.

For this reason, advocates for adolescents must develop a plan for comprehensive adolescent services and sell it to a community and its leaders, recognizing that convincing them to make needed change will require effort and careful thought.

The Role of Chief State School Officers in Programs for Adolescents

Chief state school officers are in a unique position to improve the welfare of young adolescents in several important ways:

- ***Use positions of leadership as a "bully pulpit" to advocate for changing the way we provide services for young adolescents.*** Such advocacy includes an emphasis on the importance of meeting the developmental needs of this age group; improving the quality of middle grades education; and developing community-based, comprehensive collaborative programs that meet the needs of young adolescents. School personnel, state policymakers, and the public need to know, and be reminded frequently, that state leaders believe that early adolescence is a critical time in the life of children and that educational institutions, in particular, as well as the state and community need to improve how they meet the developmental needs of the age group.

- ***Focus on the long-term needs of youth.*** Chief state school officers are in a unique position to balance the needs of different age groups and to resist pressures for an overemphasis on any particular group. It is particularly important that state leaders support the interests of those who are less popular at the moment or who are less well represented. Chief state school officers are in a position to see the total picture and provide needed balance.

- ***Stress the importance of adequate funding for middle school programs.*** Given the limited preparation that many middle school teachers have to teach early adolescents, adequate technical assistance and training funds must be provided to middle schools. In a recent survey, fewer than one in five middle grades teachers had special preparation for this level (Scales, 1992b, pp. 100-101). This educational shortfall certainly emphasizes the need for special efforts to improve technical assistance and training for middle grades schools. In staff recruitment for state-level education personnel, leaders must pay attention to hiring staff with middle grades expertise.

- ***Reach out to colleagues in health, human services, and other state agencies to provide a model at the state level of interagency collaboration.*** All state-level agencies must work to facilitate collaboration for adolescents, at both state and local levels.

- ***Promote a commitment by all agencies and programs to an evaluation of what they are doing.*** This commitment to evaluation and accountability should extend beyond the state education agency to all collaborative efforts in which education is involved. Evaluation should be a constant part of decision making at the local level, not a burden imposed from above. A great deal of technical assistance must be provided to local agencies to help their staff understand how evaluation is a continuing process that is essential to strategic planning, as well as essential to obtaining continued public support.

- ***Use the influence afforded by leadership positions to change professional education.*** In the long run, influencing professional education may be the most important role chief state school officers can play. As *Code Blue* emphasized, improved professional training is essential in improving outcomes for adolescents. The commission called on "professional training institutions, including colleges of education, medicine, public health, social work, and other professional disciplines to include in their curriculum specific training about: (a) interprofessional collaboration and (b) adolescent growth and development" (National Commission, 1990, p. 32). The commission wisely emphasized that this is a problem that affects all professional schools. As educators, however, chief state school officers are particularly concerned with schools of education. In a recent study of middle grades teacher preparation, *Windows of Opportunity*, Scales (1992b) found that of 11 topics that the literature suggests should be covered in middle grades education, 25-65 percent of the surveyed teachers rated their preparation as poor or inadequate (p. 102). We clearly need to focus both on preservice and continuing professional education.

In recent years, many educators have clearly articulated the importance of assisting adolescents in making the choices that will enable them to become healthy and productive adults. Several national reports describe what needs to be done. The next step is to develop community programs that are comprehensive, developmentally sound, and based on community consensus. These programs, which will facilitate healthy growth and development of adolescents, need the support of state and federal government. The challenge is immense, but the rewards of success are great—and the price of failure is too dismal to contemplate.

References

Carnegie Council on Adolescent Development. (1989). *Turning Points: Preparing American youth for the 21st century.* Washington, DC: Author.

Center for Early Adolescence. (1991). *Communities caring for kids: Building opportunities for young adolescents in the mid south.* Jackson, MS: Foundation for the Mid South.

Hechinger, F.M. (1992). *Fateful choices: Healthy youth for the 21st century.* New York, NY: Carnegie Corporation of New York.

Levy, J.E., & Shepardson, W. (1992). A look at current school-linked service efforts. *The future of children* (Center for the Future of Children, David and Lucille Packard Foundation), *2*(1), (pp. 44-55).

Lipsitz, J. (1977). *Growing up forgotten: A review of research and programs concerning early adolescence.* New Brunswick, NJ: Transaction Books.

McGinnis, J.M., Richmond, J.B., Brandt, E.N., Windom, R.E., & Mason, J.O. (1992). *Health progress in the United States: Results of the 1990 objectives for the nation. Journal of the American Medical Association, 268*(18), (pp. 2545-2552).

National Commission on the Role of the School and the Community in Improving Adolescent Health. (1990). *Code blue: Uniting for healthier youth.* Alexandria, VA: Author.

Scales, P.C. (1991). *A portrait of young adolescents in the 1990s: Implications for promoting healthy growth and development.* Center for Early Adolescence. Carrboro, NC: University of North Carolina at Chapel Hill.

Scales, P.C. (1992a). *From risks to resources: Disadvantaged learners and middle grades teaching. Middle School Journal, 23*(5), (pp. 3-9).

Scales, P.C. (1992b). *Windows of opportunity: Improving middle grades teacher preparation.* Center for Early Adolescence, Carrboro, NC: University of North Carolina at Chapel Hill.

U.S. Congress, Office of Technology Assessment. (1991). *Adolescent health: Vol. 1. Summary and policy options (OTA Publication No. H-468).* (pp. 10, 15). Washington, DC: U.S. Government Printing Office.

Wigginton, E. (1985). *Sometimes a shining moment: The FoxFire experience.* Garden City, NY: Anchor Press/Doubleday.

Wolfe, T. (1929). *Look homeward, angel.* The Modern Library. New York, NY: Random House.

Comprehensive School Health Services: Does It Matter and Is It Worth the Fight?

M. Joycelyn Elders
United States Public Health Service
and
Jennifer Hui
Arkansas Department of Health

It has been said many times that you can't educate children if they are not healthy, and that you can't keep them healthy if they are not educated (National Health/Education Consortium, NHEC, 1992). Nothing so clearly defines the need for health and education to work together as the need to develop the kind of society we will need for the 21st century. Access to health care is a major problem for millions of Americans, but no group is so undeserved as our school-age children. For the first time in our history, children are less healthy and have fewer opportunities than their parents. It behooves those of us in health and education to confront this problem as a social-health-economic issue rather than as a religious-moral-values issue. Health providers can no longer feel that they have done their job by serving those who come to their office or their clinic, just as schools no longer can confine their mission to teaching the 3 Rs, "reading, writing, and 'rithmetic." Both health and education professions must reach out and try to ensure that all children are physically, emotionally, and psychologically fit for learning. I envision the schools of the 21st century as the hub for the integration of community-based educational, health, and social services for children and families.

If we expect schools to realize the educational potential of all children, then we must equip them to respond to today's threats to educational success. Over the past 30 years, adolescents have been the only population group in the United States not to experience improvement in their health status; in fact, this group is increasingly at risk for poor health (Blum, 1987). Although serious, chronic medical and psychiatric disorders affect only about 6 percent of adolescents, many more are at risk for death and other poor health outcomes that are not primarily biomedical in origin. Contemporary threats to adolescent health, the so-called "social morbidities," are primarily the result of social, environmental, and behavioral causes.

Challenges for Health/Education

The obstacles to self-sufficiency and productivity are reflected in the statistics on the status of our young people—our future leaders. They are being overwhelmed by multiple, interrelated problems, social problems impacting health and learning.

For every 100 children born today:

- 13 will be born to teenage mothers;
- 15 will be born to households where no parent is employed;
- 15 will be born into households where the working parent earns a below-poverty wage; and
- 25 will depend on welfare for at least a portion of their childhood (Children's Defense Fund, CDF, 1991).

In addition, each year:

- Almost 40,000 babies die before reaching their first birthday; 40 percent are born to teens.
- More than 1.1 million girls, ages 10 to 19, become pregnant (12.4 percent of all births) (Henshaw & Van Vort, 1989).
- More than 300,000 babies are born to mothers who used illegal drugs during their pregnancy.

M. Joycelyn Elders, M.D., is Surgeon General, United States Public Health Service, Washington, DC, and former Director of the Arkansas Department of Health, Little Rock, Arkansas. Jennifer Hui is Planning Specialist, Arkansas Department of Health, Little Rock, Arkansas.

- Over 2 million children are reported as abused or neglected (CDF, 1991).
- 2.5 million teenagers contract a sexually transmitted disease. One-quarter of all high school graduates will have contracted a sexually transmitted disease by the time they graduate from high school (CDF, 1991).
- Approximately 7,500 adolescents 10 to 19 years of age are killed in motor vehicle accidents (CDF, 1991).
- More than half a million 12-17 year-olds try cocaine (CDF, 1991).
- Nearly 1 million youth drop out of school. Only one in five adolescent mothers who are not high school graduates when they have their first child finish secondary education without delay (Upchurch & McCarthy, 1989). Only 2 percent of young women who become parents before age 20 will graduate from college (Center for Population Options, CPO, 1987). Over half of all young women who leave school before graduating are pregnant or parenting (Upchurch & McCarthy, 1989).
- Approximately 1,800 youths are victims of homicide, and more than 2,000 adolescents take their own lives (American Medical Association, 1990).

Other sobering facts:

- The Bureau of Justice Statistics, in 1988, estimated that about 80 percent of 12-year-olds will be victims of crime during their lives.
- According to the national Household Survey on Drug Abuse in 1988, 50 percent of 12-17-year-olds have at least tried alcoholic drinks.
- A 1987 survey of high school seniors showed 39 percent of those who responded had engaged in binge drinking (5 or more drinks in a row) within the previous two weeks.
- The plight of young black males is especially precarious. They are dying disproportionately from homicide (their leading killer), suicide (tripled since 1960), and drug abuse. Their risk-taking behavior often mimics reckless daredevils courting disaster. They are overrepresented among high school dropouts and underrepresented on college campuses. In Arkansas, more young black men are in prison than are in college—and these figures are not unique among the states (CDF, 1991, 1992; Carnegie Council, 1989).

These appalling statistics point to conditions that hold little hope of a "full and prosperous life" for a significant part of America's population. These are the children on whom we will depend for decisions in the 21st century.

Generational Comparisons

The *Code Blue* report of the National Commission on the Role of the School and the Community in Improving Adolescent Health (1990) made the following generational comparisons:

- In 1965, there were roughly 4 cases of gonorrhea and syphilis for every 1,000 American adolescents. In 1985, there were 12.
- In 1965, 16.7 out of every 1,000 unmarried teens age 15-19 gave birth during that year. In 1985, 31.6 out of every 1,000 did.
- In 1950, the rate of youths age 14-17 who were arrested during that year was 4 per 1,000. In 1985, the rate was 118 per 1,000.
- In the 1950s, less than 5 percent of youth experimented with an illicit drug before entering 10th grade. In 1987, over 30 percent of youth had done so.
- In 1965, 9.8 percent of all children under 18 years lived in single-parent homes. In 1985, 21 percent did.
- In 1960, 39 percent of mothers (with school-aged children) were working outside the home. In 1987, 70 percent did.

Everywhere we look, the statistics paint a dismal picture of how our children are doing. Consider the following findings:

- Every day, 135,000 American students bring guns to school, and every day 30 children are wounded and 10 children die from gunshots.
- The homicide rate has doubled among 10-14-year-olds during the past 20 years and is the leading cause of death among black 15-19-year-olds (Gans, 1990).
- Over the past 20 years, the suicide rate has tripled among 10-14-year-olds and doubled among 15-19-year-olds (Gans, 1990).
- Abuse and neglect increased 74 percent during the past decade, and adolescents experience more abuse and neglect than younger children do. Every year, more than 2 million children and adolescents are reported abused or neglected, and hundreds of thousands more go unreported.
- Sexual activity is occurring at younger and younger ages, resulting in more than 1 million adolescents getting pregnant every year and an epidemic of sexually transmitted diseases, one of which is AIDS. Gonorrhea rates are actually higher among sexually active 15-19-year-olds than among 20-24-year-olds (Blum, 1987; Gans, 1990).

Racial and Ethnic Disparity

After making steady headway during the 1970s, progress on most key child health indicators stalled in the 1980s. And the differences in the status of children, depending on ethnic background, became more dramatic, underscoring the need for programs to respond to the diverse needs of racial and ethnic groups.

Poverty. Child poverty increased alarmingly for all children during the 1980s. Today, one of every five American children under 18 lives in poverty, and children from minority racial and ethnic backgrounds are overrepresented (Gans, 1990). Black children are the worst off, with 44 percent living in poverty; Hispanic children are only slightly better off, with 38 percent in poverty (Shames & Kozol, 1991).

Teen Sexuality. The United States surpasses all other Western developed nations in the rates of teenage pregnancy, abortion, and birth. U.S. girls under age 15 are five times more likely to give birth than their counterparts in any other developed country for which data are available (Dryfoos, 1990; National Governors Association, 1987).

Blacks are much more likely than whites to be sexually active at younger ages. By age 15, black males are 3.5 times more likely than white males to have had intercourse. By age 15, black females are twice as likely as white females to have had intercourse (Gans, 1990). This tendency has been shown to correspond with other socioeconomic factors. Children who perceive they have poor prospects for the future and live in communities that are poor, are segregated, and lack employment opportunities are more likely to initiate sex at an early age (Dryfoos, 1990).

The number of births to unmarried teens also rose during the '80s to 8.2 percent in 1988. The percentage of out-of-wedlock teen births declined by 8 percent for blacks, while it rose by 25 percent for whites and 20 percent for Hispanics. However, the rate is still almost four times higher for black teens than for white teens, and nearly 40 percent of all black females become mothers before the age of 20 (Center for the Study of Social Policy, 1991; Office of Technology Assessment, 1991b).

Rates of gonorrhea among black adolescents are increasing, whereas overall rates are declining among other races and age groups. Gonorrhea rates are more than seven times greater for nonwhite than white 15-19-year-old females (Gans, 1990). And although black children less than 15 years old represent 15 percent of the population, they represent 54 percent of the AIDS cases reported from 1981 to 1989.

Teen Violent Death. The chances that a teen will die a violent death, either by accident, suicide, or murder, increased for all teens during the 1980s, but there was a particularly dramatic shift in the danger of violent death for black teenagers. Whereas white youths between 15 and 19 years are three times more likely than their black counterparts to die of motor vehicle injuries, and twice as likely to die of suicide, black youths are five times more likely to die of homicide (Gans, 1990; Office of Technology Assessment, 1991b). Between 1984 and 1988, the black teen violent death rate increased 51 percent. By 1988, the black rate was 80 per 100,000 teens, far exceeding the white rate of 6.8 per 100,000 (Randall-Davis, 1989).

Health Insurance. In 1981, 18 percent of children 10 to 18 years old were not covered by health insurance; by 1986, the proportion of uninsured had risen to 21 percent (Gans, 1990). And while one in five American children has no public or private health coverage, one in four blacks and one in three Hispanics lack coverage (Center for the Study of Social Policy, 1991).

Prescriptions for Improvement

As Arkansas' public health director and a pediatrician, Elders has widely advocated six strategies—six prescriptions, if you will—that we believe will secure an equal chance for all our children to realize their potential (Table 1) (see Elders, 1991; Elders, Hui, & Padilla, 1989-90).

These six prescriptions are interrelated interventions that represent an educational and social environment that supports and promotes children through their developmental years.

Table 1

Prescriptions or Strategies Needed for Children
(1) Universal, Early Childhood Education
(2) Comprehensive Health and Family Life Education K-12
(3) Parenting Education
(4) Male Responsibility
(5) School-Based Health Services
(6) Career and Higher Education Opportunities

(1) Universal, early childhood education will prepare our children to learn and achieve, removing some of the disadvantages that hold them back. Given the success of Head Start in improving school performance, there is no excuse for not making such resources available to all children who need them.

(2) Comprehensive health education should be taught to all children, starting in kindergarten and continuing through high school. Of course, instruction should be appropriate to the child's ability to understand and need to know. But we must not be timid about facing our obligations, even to the youngest children. After all, messages they get from television and videos, older siblings, and even parents, don't respect their ages. They need and should be encouraged to take responsibility for as much of their lives as they are capable.

Children need to know about human nutrition and physiology and the risks of substance abuse—tobacco use, alcohol consumption, abuse of prescription medications (more than narcotics alone), and experimentation with substances they may be offered by friends or strangers. In the same way, they need to be armed with knowledge about human reproductive biology and development. The risks of early and unprotected sexual activity are effectively learned in such a context. We must do all we can to empower our children with useful facts and resources.

Schools can play a critical role in ensuring that youth have the knowledge and skills necessary to make health-enhancing decisions. One key role is that of ensuring adequate teacher preparation for health education, through advocating required coursework in health education methods and materials for teacher certification and by providing ongoing health education inservice for staff. Inclusion of standardized testing for basic skills in health increases the emphasis and priority given to health education in the overall curriculum. And we recommend that all schools make health education a distinct subject, rather than a subpart of science or physical education, and set minimum standards for the time it is given in the K-12 curriculum.

(3) Parents need more support in nurturing, caring for, and teaching their children. So many of our social problems are worsened by parents' uninformed attitudes toward health and inappropriate behavior toward their children. Instruction, counsel, and peer discussion ought to be available. For our future parents, today's children, this can start in the comprehensive health and family life education mentioned in the previous strategy. For today's parents, accessible programs must be devised for their busy lives. Many resources can be tapped, including churches, civic organizations, work sites, schools, and communities.

(4) Male responsibility needs reinforcement. Family planning and sex education has traditionally focused on young females. This strategy tacitly absolves young males of sexual responsibility. As with young females, many young males have few opportunities other than procreation to prove themselves. Accordingly, they must also have opportunities for growth and self-expression in other arenas of life.

(5) Comprehensive school-based clinics make health services available, affordable, accessible, and age appropriate. They are logical partners of comprehensive health education. If children are taught health promotion and primary prevention and health care, there will be demand for such services. Providing them in schools makes them nearly universally accessible.

(6) Opportunities for higher education should be guaranteed. All children with a B average or above who exhibit good citizenship and whose family income is less than $20,000 should be guaranteed free tuition and books at state-supported colleges. Our society needs educated, critical minds; and our children need opportunities to develop fully.

The next section provides a closer look at our prescription for school-based clinics and their potential for meeting the health and developmental needs of school-age children.

The School-Based Clinic Model

School-based clinics (SBCs) are comprehensive preventive and primary health care centers that provide care on school grounds. Beginning with a Dallas, Texas, clinic in 1970, there are now 306 SBCs operating in 33 states (Waszak & Neidell, 1991; Pacheco, Powell, & Cole, 1991). Although these clinics vary by structure, organization, scope of services, and sponsorship, they all have a common mission: improving access to preventive and primary health care for children and adolescents.

Rationale

Why base clinics in schools? SBCs respond to the barriers to health services for adolescents, which include:

- Lack of insurance coverage or money to cover charges independent of parents.
- Office hours that conflict with school schedules.

- Discomfort with traditional health care settings.
- Perceived or actual lack of confidentiality between adolescents and their health care providers.
- Inability or failure to comply with a provider's instructions or follow-up on referral recommendations.

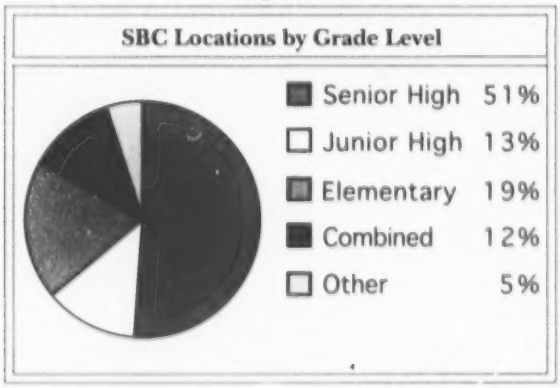
Nearly 40 percent of clinic users have no insurance coverage at all. Only one-fifth of SBCs charge fees for services; more than half of the funding is provided by state and federal sources (Waszak & Neidell, 1991).

School-based clinics are uniquely designed to respond to the developmental status of adolescents and its relationship to health service use and needs. Most adolescents have difficulty planning ahead for health services, or following up on health care regimens. SBCs allow drop-in appointments, conduct specialized training by a multidisciplinary staff, and provide frequent counseling, as well as aggressive follow-up. As visible entities in the schools, clinic staff members become familiar and trusted figures. And, given the significant behavioral component to many of the current adolescent health problems, SBCs generally offer a wide range of age-appropriate individual and group counseling services to improve knowledge and decision-making skills on health-related issues (Waszak & Neidell, 1991; Pacheco, Powell, & Cole, 1991).

Status: 1991 Survey

Since 1986, the Center for Population Options' Support Center for School-Based Clinics has conducted an annual national survey to collect and provide information on SBCs. Following are highlights from the 1991 survey (CPO, 1991). The overall response rate of the 327 clinics contacted was 73 percent (239 clinics): 224 of 306 SBCs and 15 of 21 school-linked clinics (SLCs).

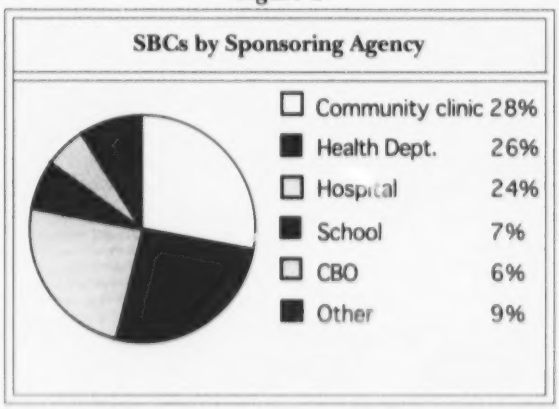
Figure 1



Schools Served. Half the clinics serve senior high schools; the others serve junior high, elementary, combined, or other types of schools (Figure 1).

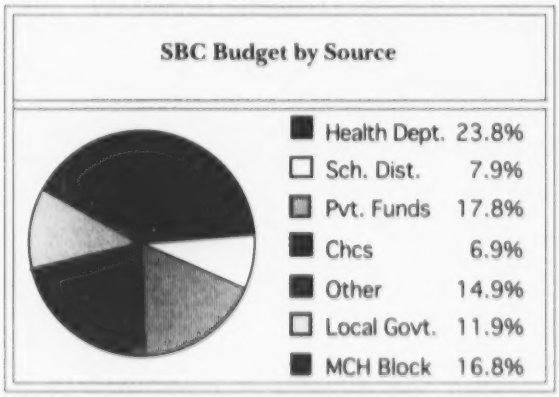
Sponsorship and Funding. Sponsoring agencies are organizations, usually at a local level, that have administrative and fiscal responsibility for the clinic. This typically involves fund-raising, disbursing funds, hiring and supervising personnel, and making decisions about clinic policy and operations. There is much diversity among SBCs with regard to the types of agencies that sponsor them (Figure 2).

Figure 2



The largest percentage of funding for SBCs—25 percent—is received from state health departments. Other federal, local, and private sources contribute to operating budgets (Figure 3).

Figure 3



The average budget for SBCs is $102,377. In-kind contributions provide an important source of support. Nearly all SBCs receive facilities/space, utilities, and maintenance from the schools in which they reside. Other in-kind support includes equipment, personnel, and transportation services.

Community Involvement. Most SBCs have advisory boards that meet four or more times a year. Their membership typically includes parents, school staff, students, youth service agency representatives, and community representatives. Board responsibilities may include giving advice on ways to improve the clinic program, reviewing clinic policies, representing the clinic in public or to the media, and fund-raising (Pacheco et al., 1991). Half of the SBCs have an organized advocacy group other than the advisory board that deals with political issues related to adolescent health. The majority of these groups include clinic staff members. SBCs often have formal or informal agreements to cooperate with outside community agencies, such as health departments, departments of education, and mental health agencies.

Clinic Operations. Ninety percent of SBCs are located inside the main school building, while the remaining 10 percent are located in a separate building on school grounds. Two-thirds of SBCs are open for 32 or more hours per week. Most SBCs provide some services during and after school hours, and half provide some services during the summer break. Evening and weekend services are rare (Lovick & Stern, 1988).

Services. SBCs provide a wide array of medical and counseling services. Over 90 percent offer the following medical services: routine and sports physicals, general primary health care, diagnosis and treatment of minor illness and injury, and assessment and referrals to community health providers (Table 2). SBCs address psychosocial needs primarily through counseling and educational services (Table 3).

Family planning services spark the most controversy surrounding SBCs. Although 60 percent of SBCs provide counseling, referral, or follow-up for family planning methods, only 38 percent write prescriptions for birth controls; and fewer than 20 percent dispense any kind of contraceptive on-site (Waszak & Neidell, 1991; Kirby, Waszak, & Ziegler, 1991; CPO, 1991; Lovick & Stern, 1988; Black, 1989).

Nearly 80 percent of SBCs make arrangements for some type of after-hours care through a telephone answering machine, beeper service, hospital emer-

Table 2

Medical Services: Percentages of School-Based Clinics (SBCs) Providing Various Medical Services

Medical Services	
General primary care	91%
Routine or sports physicals	91%
Laboratory tests	87%
Diagnosis/treatment of minor injuries	92%
Chronic illness management	78%
Pregnancy tests	69%
Prenatal care onsite	24%
Gynecological exams	56%
HIV testing	14%
Pediatric care of infants of adolescents	19%
Immunizatons	71%
EPSDT screening	41%
Dental services	28%
Medications prescribed	83%
Medications dispensed	69%
Referral for prenatal care	79%
Assessment/referrals to community health care	96%
Assessment/referrals to private local physicians	92%

SOURCE: Waszak, C. & Neidell, S. (1991). School-Based and School-Linked Clinics: Update 1991. Washington, DC: Center for Population Options.

Table 3

Counseling Services: Percentages of School-Based Clinics (SBCs) Providing Various Counseling Services

Counseling Services	
Nutrition education	91%
Health education	96%
Weight reduction programs	67%
Drug and substance abuse programs	58%
Sex education in the classroom setting	64%
Parenting education	65%
Family counseling with student and family	76%
Mental health and psycho-social counseling	79%
Job counseling	79%
Sexuality counseling	76%
HIV counseling	61%
Parenting/childcare classes	31%
AIDS education in clinics	64%
AIDS education in classroom	59%
Support groups	58%
Referrals for counseling	90%

SOURCE: Waszak, C. & Neidell, S. (1991). School-Based and School-Linked Clinics: Update 1991. Washington, DC: Center for Population Options.

gency room, community-based clinic, or private practitioner.

Outreach. Most SBCs send materials home with students, maintain personal contact with parents, provide information to outside advocacy groups, publish newsletters, and hold open houses for parents.

Consent Policy. Clinics vary in the types of parental consent required for services. The most common parental consent policy (30 percent) is that parents are asked to sign a form listing all services, permitting a student to receive all services listed. Some 21 percent of clinics require parents to sign a form that lists the services provided and gives the parents the opportunity to check off services they do not want their child to receive. Other policies include a positive check-off form and a general medical consent. Seven percent require no parental consent at all.

Staffing. Administrative staff in nearly all SBCs include a coordinator and secretary. Over 80 percent of clinics have a physician—most often a pediatrician working part-time. Nurse practitioners are found in nearly 70 percent of SBCs, while other types of nurses are found in 50 percent of the clinics.

Over half the clinics have social workers. Other types of mental health workers are employed in about one-fourth of SBCs. Other types of health providers less commonly available include nutritionists, dentists, athletic trainers, health educators, health aides, and interns.

A school nurse is present in two-thirds of schools with SBCs, and approximately one-third of these nurses work as part of the SBC staff by performing screenings, providing follow-up services, serving on advisory boards, participating in staff meetings, and delivering direct services.

Performance

How are SBCs doing? One measure is clinic use: on average, half of a school's population enrolls in each SBC, and 76 percent of students enrolled used the clinic during the 1989-90 school year. The greatest

average enrollment and greatest number of users were found in junior high/middle schools (Waszak & Neidell, 1991; CPO, 1991).

To what degree do services at SBCs duplicate or complement existing services in the community? One study compared patterns of care for adolescents provided at two sites in the same inner-city neighborhood: a high school SBC and a university-hospital-based pediatric clinic. Comparison of patterns of clinic use showed that the SBC received significantly more visits for counseling and health care maintenance, while the pediatric clinic received more visits for acute and chronic illnesses. The SBC appeared to improve access to health care for adolescents by allowing confidential visits for issues less easily addressed at more conventional health care sites (McHarney-Brown & Kaufman, 1991).

Do SBCs that prescribe or dispense contraceptives promote sexual activity? An evaluation of the reproductive health programs of six diverse SBCs was conducted to measure the impact of the clinics on sexual behavior and contraceptive use. Survey data indicated that the clinics neither hastened the onset of sexual activity nor increased its frequency. In two of the six schools, greater percentages of sexually active students reported that they used effective contraception at last intercourse than did students in nonclinic schools (Kirby et al., 1991). In a Baltimore program providing counseling on two school campuses with medical care nearby, girls enrolled in the program postponed first sexual intercourse seven months longer than girls who were not enrolled (Zabin, Hirsch, Strett et al., 1988).

What support is there for school-based clinics? Broad-based support has been given, as evidenced by the following measures (National Commission, 1990; Hayes, 1987; Project Outreach, 1986):

Organizations issuing reports or statements affirming the unique potential of SBCs to address the unmet health care needs of adolescents include:

- The National Research Council of the National Academy of Sciences
- The American Academy of Pediatrics
- The American Academy of Child and Adolescent Psychiatry
- The American Medical Association
- The American College of Obstetricians and Gynecologists
- The National PTA
- Congressional Office of Technology Assessment
- National Association of State Boards of Education
- American Association of Adolescent Health
- National Educational Association
- A Louis Harris poll found that 73 percent of Americans favor making birth control information and contraceptives available through school-based clinics (Louis Harris and Associates, 1988).
- A Roper poll found that 64 percent of Americans endorsed condom distribution in senior high schools to help control sexually transmitted diseases (The Roper Organization, 1991).
- A Michigan State Board of Education Survey revealed that 80 percent of adults voiced strong support for the availability of confidential services in school-based clinics (Project Outreach, 1986).

Arkansas' Experience with School-Based Clinics

History and Growth. The first SBC in Arkansas was started in 1985 when the school board in Lincoln, Arkansas, requested that the Department of Health provide immunizations one day a month to students in the Lincoln school district. In 1987, this same school board responded to the growing number of teenage pregnancies the school was experiencing. At the request of the school board, the Department of Health began providing reproductive health counseling and made contraceptives available to the students at Lincoln High School.

In 1989, the second clinic in the state was established at Central High School in Little Rock. This clinic was a collaborative effort between the Department of Health, New Futures for Little Rock Youth, the University of Arkansas for Medical Sciences, and the Little Rock School District. This was the first clinic in the state to provide a comprehensive package of health services in a school setting.

Since the initiation of that first SBC in 1985, the number of clinics in Arkansas has grown to 21 clinics throughout the state. Currently, 22 more schools are waiting for funding to begin a clinic. Parents and school personnel have begun to see the benefits available for their children by making quality health care affordable and accessible through SBCs.

Several community activities are critical in establishing a successful school health program (Office of Technology Assessment, 1991a). Five important planning steps should occur prior to establishing comprehensive school health services in the school setting (Table 4).

Table 4

Planning Steps Required Prior to Establishment of School Health Services

(1) A planning group must be formed to determine health needs and set goals for school health service program in the local community.
(2) A site must be selected to enable planning to center around activities for the locale.
(3) Community-based support and approval must be gained in order to begin a comprehensive program.
(4) An information campaign must provide clear, concise answers to questions about the program.
(5) The support of school officials and parents must be galvanized for the establishment of a comprehensive school health service program.

It is particularly important for health providers and the education system to work together to diffuse the controversy that often surrounds proposals for SBCs. In Arkansas, the Department of Health has been careful to play a supporting role to school boards interested in school-based health services. Planning and development of school-based services is initiated at the request of school boards, which establishes local ownership of the process. School boards decide which services they wish to offer, and parents decide which services they approve of for their children. Public awareness of these measures of ownership and control diffuses most of the controversy. Sometimes the local school board and county health department conduct a town meeting to dispel myths and address individual concerns about the upcoming opening of an SBC.

Several distinct features should be incorporated into the design of the school health program (Table 5). These features, which include consent issues and variety of services made available, are important to the overall success of the program.

Adequate funding is essential for a comprehensive school health services program. A variety of funding sources exist for establishing school health services. Private funding sources include local and national foundations. Typically, foundation grants are awarded to provide start-up funding for a school-based health program and are not available for ongoing service delivery. For that reason, it is essential that funding sources continue to be sought, to provide continuity of service. SBCs in Arkansas are funded through state and federal funds, as well as private foundation grants.

Table 5

Distinct Features of a School Health Program

(1) Parental consent must be obtained in order to provide care to children.
(2) A consolidated, holistic approach to the health care needs of the children must be evident.
(3) A variety of services should be available to prevent fragmentation of care and promote student use of the service by the availability of such services.
(4) A caring, youth-oriented staff must be available to provide care and establish rapport with students and the community.
(5) Each patient must be given the opportunity to spend ample time with caregivers to promote trust and allow for adequate assessment of patient needs.
(6) A detailed follow-up procedure for referrals and missed appointments must be developed.
(7) Cooperative relationships with other community providers and agencies must be developed and maintained by the clinic staff.
(8) Data on visits, compliance rates, and illnesses treated must be collected for program monitoring and evaluation.

Process for Establishing Clinics. When working with a limited amount of funding, the method for determining the schools where clinics will be located is a very important task. A letter was sent to each Arkansas school district to determine its interest in housing a clinic. A second letter, along with an application form, was sent to schools that expressed an interest. A committee of health professionals reviewed and assigned priorities to the requests, based on the following criteria:

- Number of children receiving free or reduced school lunch
- Rate of teen pregnancy
- Number of school dropouts
- Number of school suspensions
- Number of child abuse cases reported
- Level of community commitment
- Project evaluation

Schools that did not receive funding were placed on a waiting list to be considered should additional funding become available.

Services Provided. The services offered in SBCs in Arkansas are approved by the local school board. The board may select which services will be provided from the following menu: vision, hearing, and scoliosis

screening; monitoring of chronic conditions; Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT); treatment of minor illnesses and injuries; referrals for serious illnesses and injuries; sports physicals; general physicals; immunizations; tuberculosis skin tests; laboratory testing; wellness promotion; reproductive health counseling; contraceptive distribution; dental screening; safety and environmental consultation; and health education (Table 6).

It is very important that parents support the clinic and are involved in the decisions that affect the lives of their children. For this reason, no services are provided without parental consent. Although the local school board may elect to make all services available in their clinic, the parents make the final determination about what services their child may receive.

Evidence of Support. As the number of clinics continues to grow, so does the support for them. This support comes from school administrators and faculty, parent organizations, health professionals, the media, churches, and students. Indicators of support include the following:

- Thirty physicians in the Little Rock area volunteer their time at the Central High School Wellness Clinic.
- Twenty-two schools are on a waiting list for an SBC.
- Funding has been awarded from the U.S. Department of Health and Human Services, the Johnson & Johnson Foundation, and the Arkansas Health Care Access Council.
- A student poll conducted in the halls of one senior high school found that 86 percent of the students favored having a clinic at their school.

Evidence of Effectiveness. The effectiveness of an SBC can be seen in many ways. Statistics kept at Central High School in Little Rock show that the venereal disease rate among clinic users has dropped. Of the 153 female students who sought family planning services in 1990-91, 27 percent had infections—down from the 52-percent infection rate in a group of 150 females in 1989-90. In this same school, condom usage increased—257 students came to the clinic 721 times for condoms in 1990-91. A total of 10,815 condoms were handed out that year. In 1989-90, 172 students came for condoms 425 times. The increase is attributed to a growing awareness of sexually transmitted diseases.

The statistics provide only a general picture of clinic effectiveness. The real impact of these clinics comes on a case-by-case basis. Recently, a seventh-grade girl came into the clinic at Forest Heights Junior High School in Little Rock, complaining of abdominal cramps. Her mother had sent her to school thinking they were menstrual cramps. Upon examination by the clinic nurse, the child was sent to the hospital and had an emergency appendectomy within 45 minutes. The mother credits the clinic with saving her daughter's life.

In the 1985-86 school year, 30 percent of the graduating class of Lincoln High School was pregnant. In response, the board requested that the Department of Health begin making contraceptives available to students. For the 1987-88 school year, only two pregnancies were reported. This success was a direct result of the SBC and improved family life education programs initiated by the school board, the superintendent, and the school nurse. The pregnancy rate has continued to be very low. The Lincoln school nurse states that pregnancy is no longer considered a problem at Lincoln High School.

Evaluation. As we all know, school-based health clinics are of great interest to many people. Policymakers, the press, and the public want to know what is being done in the clinics, to whom, and how much it costs. The Arkansas Department of Health has designed a school-based health clinic management system to collect the data necessary to answer these questions. It allows health department staff to document the diversity of services being provided by the clinics. It also provides information on the number of students who use the clinics as their primary source of health care. This system was designed to ensure quality data in a simple format. It provides clinic information, patient information, information by service type, provider information, and health education data.

The Future of School-Based Clinics

Continued growth of the school-based clinic movement depends on several key issues. These include financing, evaluation, and integration of services.

Financing

Despite the use of multiple funding sources, ongoing financial support for SBCs is a fundamental problem affecting their long-term viability. Financial support for school-based clinics from private foundations is decreasing, and only 2 percent of funding is provided through Medicaid reimbursement.

In the future, SBCs will need to tie their nontraditional health care service delivery with traditional and long-term public and private health care funding.

Table 6

Components of a Comprehensive School Health Program

Health Assessments/Physical Exam

Routine screening physicals (scoliosis, hearing/speech/vision where applicable)
Sports physicals
Gynecological exams/cancer screening
EPSDT screening
Blood pressure screening
Dental screening
Screening for infants of adolescents (if in school/day care)
Immunization status
WIC assessment

Assessment and Referral of Minor Illness, Disease, and Injury

Flus and colds
Earaches (otitis media)
Sprains, cuts, burns, etc.
Sore throat (ex., strep)
Dermatologic conditions (ex., acne, dermatitis, impetigo)
Minor gynecological problems (ex., vaginitis, yeast)
Menstrual disorders/dsymenorrhea
Sexually transmitted diseases
Prenatal urinary tract infections-acute
Anemia

Counseling/Education

Abstinence/sexuality education (menstruation)
Contraceptive methods (referrals, prescriptions, dispensing)
Sexually transmitted disease counseling
Nutrition/weight reduction/weight management
Smoking prevention and cessation
Stress management
Alcohol and drug abuse prevention
Safety (seat belt, car seat, helmets)
Parenting classes
Suicide prevention
Family counseling
Mental health and psychosocial counseling
Job counseling and employment training
Pregnancy counseling
Breast self-exam
Testicular self-exam
WIC counseling (if applicable)
Abuse counseling

Home Visitation

For at-home counseling with parents, students, follow-up of problems, etc.

Referrals for Follow-up for Major Health Problems

Chronic disease (ex., diabetes, hypertension)
Eating disorders (ex., anorexia/bulimia)
Alcohol and drug abuse
Suicide-prevention counseling
High-risk prenatal patients/problems and delivery services
Major gynecological problems
Other surgical problems (tumors, etc.)
Infectious disease epidemics

Sanitarian Services

Environmental health
School safety inspections
Asbestos testing

Laboratory Testing and Measurements as Appropriate

Hematocrit/hemoglobin
VDRL
Gonorrhea culture
Pap smear
Pregnancy test
PKU
Urinalysis
Weight
Height
Blood pressure

The President's FY 1993 budget includes a proposal for the Ready-to-Learn School Health Program. If funded, it would link schools to community and migrant health centers, health care for the homeless programs, primary care for residents of public housing programs and their federally qualified health centers to provide comprehensive primary health care and prevention services to children age 3-12 and their families. Senator Kennedy is expected to introduce a bill for school-linked grants that would provide comprehensive health and social services for youth. In Arkansas, we are currently attempting to build support for the passage of a half-cent sales tax increase earmarked for children. The revenues would be placed in a trust account to support children's programs, which would include school-based clinics.

Evaluation

Support for SBCs is largely based on the urgency of the need, the lack of effective alternatives, and the favorable impression that has been made by some exemplary programs. Continued growth and financial support of the movement will greatly depend on outcome data that clearly demonstrates the advantages of SBCs over other methods of health care delivery to adolescents.

Integration of Services

An emerging model of the SBC movement is that of school-linked clinics. SLCs differ from the conventional model in that they often are free-standing adolescent health clinics that serve youth from more than one school and youth who are not in school. There are 21 SLCs currently operating in the United States (Waszak & Neidell, 1991; McHarney-Brown & Kaufman, 1991; Larson et al, 1992).

SLCs are part of a larger movement for more integration of education, health, and social services for children. Integration does not typically mean the merger of these service systems, but increased collaboration among them—that is, a partnership in which a number of service agencies develop and work toward a common set of goals. In a school-linked approach to integrating services for children, (1) services are provided to children and their families through a collaboration among schools, health care providers, and social services agencies; (2) the schools are among the central participants in planning and governing the collaborative effort; and (3) the services are provided at, or are coordinated by personnel located at, the school or a site near the school (Larsen, et al, 1992).

An ultimate goal of the school-based and school-linked clinic model should be assuring a comprehensive, community-based system for adolescent health care. In 1990, the National Commission on the Role of the School and the Community in Improving Adolescent Health (funded by the Centers for Disease Control and sponsored by the American Medical Association and the National Association of State Boards of Education) issued the report *Code Blue: Uniting for Healthier Youth.* The Commission recommended the development of local councils that would coordinate health and social services for their areas. The local council would be composed of elected officials; agency heads; school and public health officials; private service providers; civic, business, and religious leaders; family members; and youth. They would have the power to investigate allegations of poor service and to conduct public hearings. The council would be recognized by the state as responsible for planning and implementing public and private interagency initiatives supporting the health and well-being of children, adolescents, and families. The coordinating council would develop long- and short-term goals, monitor the provision of services, develop systems to measure whether the goals are achieved, create an inventory of existing and needed services, encourage interagency collaboration and cooperation, develop protocols for case management, and stimulate and support neighborhood initiatives promoting adolescent health, including early support for families in trouble.

Filling the Prescriptions

What will it take to fill these "prescriptions"? Planning, information, and, yes, money. But before much can really happen, the involvement of key decision makers and communities is critical. This will flow from characteristics that are represented by the word "CARE."

C represents **Commitment** to our children. As never before, we must be committed to the whole child and his or her health, education, and social needs for optimal development.

A is for **Awareness**—of the status and trends of issues affecting children and knowledge of available resources and effective strategies for responding to identified needs.

R is for **Responsibility.** Chief state school officers have the responsibility of serving as advocates for children and leaders for change.

E challenges us to **Educate, Equip, Empower, and Encourage** our children—these are the most important duties of all who care for young people. We must do this with zeal and skill, drawing on the best in ourselves to promise a better tomorrow for our children. Health and education working together can make a difference.

References

American Medical Association. (1990). *America's Adolescents: How healthy are they?* (Profiles NL012690). Chicago: Department of Adolescent Health.

Black, J.L. (1989, March). *School-based clinics: Filling unmet needs for teens* Contemporary Pediatrics, Vol *6*, No. 3. (pp. 117-140).

Blum, R. (1987). *Contemporary threats to adolescent health in the United States. Journal of the American Medical Association,* June 26, 1987. Vol *257*, No. 24, (pp. 3390-3395).

Carnegie Council on Adolescent Development. (1989). *Turning Points: Preparing American Youth for the 21st Century.* New York: Carnegie Corporation.

Center for Population Options. (1987). *Teenage childbearing, education and employment.* Washington, DC: Author.

Center for Population Options. (1991). *School-based clinic update: 1991.* Washington, DC: Author.

Center for the Study of Social Policy. (1991). *Kids Count Data Book: State profiles of child well-being.* Washington, DC: Annie E. Casey Foundation.

Children's Defense Fund. (1991). *State of America's Children, 1991.* Washington, DC: Author.

Children's Defense Fund. (1992). *Leave no child behind: An opinion maker's guide to children in election year 1992.* Washington, DC: Author.

Dryfoos, J.G. (1990). *Adolescents at Risk: Prevalence and Prevention.* New York: Oxford University Press.

Elders, M.J. (1991). *Adolescent health issues: What is our role? North Carolina Medical Journal for Doctors and Their Patients,* 52 (5), 214.

Elders, M.J., Hui, J., & Padilla, S. (1989-90). *Adolescent pregnancy: Does the nation really care? Berkeley Women's Law Journal,* 5, (pp. 170-180).

Gans, J.E. (1990). *America's adolescent: How healthy are they?* Chicago: American Medical Association.

Hayes, C.D. (Ed.) (1987). *Risking the future: Adolescent sexuality, pregnancy, and childbearing.* National Research Council of the National Academy of Sciences Vol. *1*. Washington, DC: National Academy Press.

Henshaw, S., & Van Vort, J. (1989). *Teenage abortion, birth and pregnancy. Family Planning Perspectives, 21*(2), (pp. 85-88).

Kirby, D., Waszak, C., & Ziegler, J. (1991). *Six school-based clinics: Their reproductive health services and impact on sexual behavior. Family Planning Perspectives, 23,* (pp. 6-16).

Larson, C.S., Gromby, D.S., Shino, P.H., Lewit, E.M., & Behrman, R.E. (1992). *Analysis of School-Linked Services: The Future of Children.* Vol 2,(1) (pp. 6-18).

Louis Harris and Associates, Inc. (1988). *America speaks: Americans' opinions on teenage pregnancy, sex education and birth control.* Survey conducted for the Planned Parenthood Federation of America: Author.

Lovick, S.R., & Stern, R.F. (1988). *School-based clinics: 1988 update.* Houston, TX: Houston Support Center for School-Based Clinics.

McHarney-Brown, C., & Kaufman, A. (1991, November). *Comparison of adolescent health care provided at a school-based clinic and at a hospital-based pediatric clinic. Southern Medical Journal, 84*(11), (pp. 1340-1342).

National Commission for the Role of the School and Community in Improving Adolescent Health. (1990). *Code blue: Uniting for healthier youth.* Alexandria, VA: National Association of State Boards of Education.

National Congress of Parents and Teachers (PTA). (1991). Legislative directive, Update.

National Governors' Association (NGA). (1987). *Making america work, bringing down the barriers.* Washington, DC: Author.

National Health/Education Consortium (NHEC). (1992). *Creating sound minds and bodies: Health and education working together.* Washington, DC: Author.

National Institutes on Allergies and Infectious Disease Study Group. (1980). *Sexually transmitted diseases—Summary and recommendations.* Washington, DC: U.S. Department of Health, Education and Welfare, National Institutes of Health.

Office of Technology Assessment, U.S. Congress. (1991a, April). *Adolescent Health.* Vol. *1*. Summary and policy options. Washington, DC: Author.

Office of Technology Assessment, U.S. Congress. (1991b, June). *Adolescent health: Crosscutting issues in the delivery of health and related services.* Washington, DC: Author.

Pacheco, M., Powell, W., Cole, C., et al. (1991). *School-based clinics: The politics of change.Journal of School Health, 61*(2), (pp. 92-92).

Project Outreach. (1986). Opinions of Michigan citizens about the public schools. (Fifth Annual Statewide Michigan Education Survey). Lansing, MI: Michigan State Board of Education.

Randall-Davis, E. (1989). *Strategies for working with culturally diverse communities and clients.* Washington, DC: Association for the Care of Children.

The Roper Organization Inc. (1991). *AIDS: Public attitudes and education needs.* (Survey prepared for Gay Men's Health Crisis). New York, NY: Gay Men's Health Crisis.

Shames, S., & Kozol, J. (1991). *Outside the dream, child poverty in America.* Washington, DC: Children's Defense Fund.

Upchurch, D., & McCarthy, J. (1989). *The effects of the timing of a first birth on high school completion.* Paper presented at the annual meeting of the Population Association of America, Baltimore, Maryland.

Waszak, C., & Neidell, S. (1991). *School-based and school-linked clinics: Update 1991.* Washington, DC: Center for Population Options.

Zabin, L. S., Hirsch, M. B., Strett, R., Emerson, M.R., Smith, M., Hardy, J.B., & King, T.M. (1988). *The Baltimore pregnancy prevention program for urban teenagers.* I. *How did it work?* II. *What did it cost? Family Planning Perspectives, 20,* 182.

Savannah's New Futures Initiative: Getting to the Root of the Dandelion

Otis S. Johnson
Chatham-Savannah Youth Futures Authority

The Dandelion
A dandelion continues to reappear until you get to the roots. Often social service systems do a fine job of meeting temporary needs of children and youth; however, if we are to "solve" the problems of children at risk, we need to address the **roots** of the problem.

Since 1987, the New Futures Initiative in Savannah, Georgia, has worked to get to the systemic causes (the roots) of the cycle of academic failure, teen parenthood, poor health, unemployment, delinquency, and poor self-esteem of youth at risk of school failure. The first phase of the Initiative (from 1987 to 1991) primarily concentrated on remedial and add-on programs. The second phase of the Initiative began in July 1991 when we recognized that the previous approach would not significantly reduce the problems of at-risk youth. We began to more realistically attack the systemic causes of the problems. If we are to be successful in this initiative, we must continue our effort to bring about institutional change through true collaboration among all segments of the community and with state government.

The New Futures Concept

The New Futures Initiative of the Annie E. Casey Foundation was announced in January 1987 as a five-city effort designed to reduce the rates of school dropout, school failure, teen pregnancy, and unemployment among youth (Annie E. Casey Foundation, 1987). New Futures was based on two premises: first, that youth services in most communities are fragmented; as a result, children and families have multiple service professionals working with them who rarely, if ever, communicate with each other—a practice that leads to ineffectiveness and inefficiency.

Second, communities have historically ignored the role that institutions—for example, schools, health agencies, businesses, and government—play in either ameliorating or exacerbating youth problems. The traditional focus has been on "fixing children" rather than improving the institutions that are there to serve them. Because of this, community attention to the way services to youth are conceived and delivered is usually politically influenced within their communities. Although various groups claim certain children and young people as "clients," no group—apart from families—claims children as its responsibility alone. Thus, problems such as dropping out of school, teen parenthood, and unemployable youth do not receive the urgent attention that they so desperately need. Put simply, the Annie E. Casey Foundation realized that the goals it wished to address—the reduction in dropouts, teen pregnancy, and youth unemployment—were symptoms of underlying dilemmas regarding the ways that communities viewed and worked with youth.

To address these goals and underlying dilemmas, the Foundation conducted an extensive search and awarded five-year grants ranging from $1 million to $2.5 million annually to five cities: Dayton, Ohio; Little Rock, Arkansas; Lawrence, Massachusetts (replaced by Bridgeport, Connecticut, in 1990); Pittsburgh, Pennsylvania; and Savannah, Georgia. With these awards came the challenge to implement the Casey Foundation's strategy, called "New Futures."

The New Futures strategy is simple in concept: cities must develop a sense of community urgency and a sense of public accountability for the problems and dilemmas facing their institutions—then collaborate, plan, fund, and deliver services to youth. More specifi

Otis S. Johnson is the Executive Director of the Chatham-Savannah Youth Futures Authority in Savannah, Georgia.

cally, the heart of the New Futures strategy is institutional change—in the way that community institutions collaborate and, individually and collectively, provide services to youth and families.

In accepting the Foundation's challenge to implement the New Futures strategy, these cities were also accepting the challenge to develop and implement four basic components:

- **An Oversight Collaborative**: a body of people representing all facets of the community—parents, community-based agencies, government, schools, and employment and health organizations, to name a few—charged with representing the interests of youth in their community. Oversight Collaboratives were expected to be the groups that, through their collective influences and political goodwill, could leverage changes in the ways that institutions work together and in the way that they plan and deliver services to youth.
- **A Case Management System**: a process to put youth in contact with one adult who focuses specifically on his or her needs. Case managers counsel and mentor youth, and they coordinate services for youth among a variety of community agencies. They act as youth advocates, bringing to the attention of the Oversight Collaborative gaps in existing policies and services to youth.
- **Integrated Services to Youth**: because the goals that New Futures seeks to affect are interrelated, the five participating cities were required to seek ways of creating and bringing to bear services in education, teen pregnancy prevention, and employment on the same target population of youth in their community.
- **Development of a Management Information System (MIS)**: a system that allows the progress of youth cohorts to be tracked over time and, more important, involves a commitment to use this information, as well as that gathered through a Foundation-sponsored evaluation, as a basis for changed institutional policies and practices.

The Foundation's hope is that what is learned through the New Futures Initiative can begin a new national conversation about the way youth problems are addressed at all levels—federal, state, and local.

The Preliminary Stage in Savannah

In the 1980s, Savannah-Chatham County, Georgia, was characterized by conflict between various groups and inefficient and insufficient efforts at dealing with social problems. The city manager, Arthur "Don" Mendonsa, identified this condition and started a personal crusade to inform the community about it. On October 8, 1986, Mendonsa gave a speech, "Savannah's Invisible Population," to a church group in an upper middle class area (Mendonsa, 1986b). This speech was then prepared for public distribution and released on October 15. Mendonsa detailed the socioeconomic problems of the approximately 35,000 people who live in Savannah's inner-city community. He also pointed out that this population suffered from racial discrimination, the indifference of the majority community, and the lack of any community initiative to try to bring about a better life for them. Mendonsa issued a challenge to "make the people in the invisible community visible." He said that the entire community must be prepared, as a matter of public policy, to bring about substantial improvements in the quality of life of these people. This could not be done by government or segments of the community working alone, each pursuing an independent mission of doing good. It could only be accomplished by the community working together in a common commitment to make it happen. He cautioned: "Until we make significant progress in achieving this end, then we must be prepared to accept and live with the injury that is done to the quality of our lives as consequence of the conditions of their lives." Whether or not he was aware of it, Mendonsa's leadership role of preparing the community for collaborative efforts had begun.

Mendonsa presented "A Briefing on the Policy Issues You Will Need to Address During the Next Four Years" (Mendonsa, 1986a) to the City Council on October 30, 1986. This document was designed to familiarize Council members with the variety of issues they would confront as they began a new four-year term of office. Among the issues raised in the document was "Is there a need for a social problems planning agency in this community?" The city manager pointed out that the community was becoming more aware of the social problems of homelessness, infant mortality, teenage pregnancy, drug abuse, black unemployment, school dropouts, family violence, and crime. He pointed out that the current approach to addressing these problems was to deal with them independently of each other, on a piecemeal basis, and without the benefit of any quantification and analysis of the problem and with no reliable basis for measuring the success or failure of existing programs. This consciousness-raising activity by Mendonsa occurred a year before the Casey Foundation came to Savannah to discuss its New Futures Initiative.

On a Friday afternoon in July of 1987, this writer, who was a member of the Savannah City Council, was having an extensive conversation with the city manager regarding the problem of teen pregnancy and the need to develop a community-based approach to

the problem. One of the big items of conversation was the absence of community leadership on issues like teen pregnancy and unemployment. The following Monday, a letter that would set that earlier conversation into action was delivered to the mayor's office from the Annie E. Casey Foundation.

Savannah was invited to become one of 10 cities to receive a $20,000 planning grant to develop a proposal to compete to become a "New Futures City." Criteria for final site selection included the following:

- A high-level commitment on behalf of at-risk youth by all major community sectors—local government, the schools, community organizations, employment and social service agencies, and the business community.
- An adequate leadership and management capacity to coordinate and sustain multisystem changes on behalf of at-risk youth.
- A commitment of substantial state and local resources to contribute to the effort.
- A demonstration of support for the local site from the state government, including an express willingness to advance the objectives of the New Futures program in state funding and policy decisions (Annie E. Casey Foundation, 1987).

The Savannah plan was developed through the combined efforts and assistance of a 50-member Planning Council. This Council included members of the business community, the Chamber of Commerce, the Savannah-Chatham County Board of Education, the Chatham County government, the Coastal Empire United Way and its provider agencies, Armstrong State College and Savannah State College, the Chatham County Board of Health, the Georgia Departments of Human Resources and Labor, the State Department of Education, the Office of the Governor, church representatives, parents, and citizen volunteers.

Writing and editing of the plan was performed by the staff from the City of Savannah, the Board of Education, the Chatham County Health Department, Savannah State College, and Armstrong State College. The City of Savannah served as the lead agency, and the city manager provided direction and oversight for the preparation of the plan that enabled Savannah to meet the Foundation's timeline and content requirements (CSSP, 1989). The intervention ideas were developed through the joint efforts of citizens, business community representatives, and technical staffs from participating public and private agencies. Staff support to the working committees was provided by the staff of the United Way.

The signatories of the plan, the chief executives or heads of the governing boards, committed their respective agencies, organizations, and units of government to participation in the New Futures Initiative. Included in the commitments from these organizations were pledges to the program of new money, in-kind help, or redirection of funds. The new money committed to the five years of the program totaled $10,500,000, and redirected funds and in-kind contributions totaled $8,012,417.

In addition to the direct and indirect financial commitments, the business community agreed to develop a "Savannah Compact Agreement" to provide jobs for qualified at-risk youth who graduate from high school and summer jobs to provide students with work experience and career development opportunities while still in school. The Compact Agreement is discussed in another section of this chapter.

Planning in Savannah got off to a rocky start. The Chatham County School District was initially tentative and, in some instances, hostile during the early stages of the planning process. The Casey Foundation letter inviting Savannah to prepare a plan was sent to both the mayor of Savannah and the superintendent of the school district. This gave both men the idea that their organization was going to play the lead agency role in preparing the plan. The mayor asked the city manager to develop a list of prominent leaders to serve on a Planning Council. The superintendent thought that it would be his job to create a planning committee.

The city manager asked a prominent business leader, James L. Piette, to chair the Planning Council. Piette was Vice President of the Union-Camp Corporation in Savannah. The initial meeting of the Planning Council was held at the office of William W. Sprague, Jr., President of Savannah Foods and Industries. At this meeting, it became known that the school superintendent felt that the school district should be playing the lead role in the planning effort. The situation did not get any better when no school officials were originally nominated to attend a meeting in Baltimore of the 10 competing cities. This oversight was quickly corrected before the meeting was over, and the deputy superintendent was designated to attend the meeting. However, the damage had been done to a critical partner in the planning effort.

The announcement of the New Futures planning grant came at a very sensitive time for the school district. The district is under a federal court desegregation order and was formulating a new desegregation plan for submission to the court. The superintendent and the school board devised a massive school plan to close old inner-city schools and to build larger new schools in locations thought to enhance desegregation of the district. This plan was to be sent to the court if the community passed a $179 million bond referendum. The board and staff were clearly preoccupied

with trying to get the voters to pass this referendum. The planning process had the potential to reveal negative conditions at the very time the system was trying to look good to the voters. Prior to the New Futures planning process, the public's general knowledge of school system performance was limited to newspaper reports of academic test scores. The referendum failed by a two-to-one margin.

It was also discovered later in the planning process that there was a communications breakdown between the deputy superintendent, who served on the Education Task Force, and senior staff of the school board. The deputy superintendent was attending all the Task Force meetings, but he was not telling his staff what was necessary to engage them meaningfully in the planning process. The planning period was half over before the school district senior staff understood what their role in the process was. This occurred only because the Education Task Force requested a meeting with the senior staff of the school district in the presence of the deputy superintendent.

Savannah's plan sought to achieve three broad goals:

- Document the size and demography of the at-risk population.
- Identify factors that affected these youth and adversely affected their chances for success.
- Define specific objectives for achieving measurable reductions to these factors/problems.

Savannah proposed that the New Futures Initiative be implemented through a 15-member Youth Futures Authority, created by the Georgia General Assembly. The Youth Futures Authority, a hybrid of a public agency and a nonprofit organization, is mandated:

(1) To develop and adopt, and from time to time amend, a comprehensive plan for public and private agencies to deal effectively with the problems of youth in the Chatham-Savannah area.

(2) To coordinate, evaluate, and provide administrative services and assistance in implementing and carrying out the comprehensive plan developed by the Authority.

(3) To contract with public and private agencies for the purpose of paragraphs (1) and (2) and for such public and private agencies to provide programs and services for youth to carry out the provisions of the comprehensive plan developed by the Authority.

The city, county, and school board would each appoint four members to the Authority. Three members of the Authority would be appointed by state agencies; one to be designated by the Commissioner, Department of Human Resources; one by the Commissioner, Department of Labor; and one by the State School Superintendent. These state appointments proved invaluable in creating a direct communications link between the Youth Futures Authority and state agencies. The state agencies knew the mandate that the legislation had given the Youth Futures Authority and began to look to it to provide leadership on youth-related issues at the local level. This connection also sent a message to local state offices that they were expected to participate in the collaborative efforts of the New Futures Initiative. State agencies provided technical assistance in developing the original and second-phase plans.

On March 10, 1988, Savannah was selected by the Casey Foundation to be one of the five partnership cities in the New Futures Initiative. A revised plan was submitted to the Foundation in May 1988.

The school district's tentative and late involvement in the planning process resulted in an educational component that lacked a true school reform agenda. This lack of an institutional change agenda for the schools almost precluded the selection of Savannah as a New Futures city. The Casey Foundation was very concerned about the "add-on" nature of the school interventions. The first published evaluation report of the Center for the Study of Social Policy (CSSP) clearly raises the concern about whether the interventions in Savannah's plan would result in better outcomes for at-risk students (CSSP, 1989). CSSP said that taken as a whole, Savannah's proposed education interventions amounted to a set of thoughtful programs designed to provide, first, more effective and intensive remediation of identified skill deficits and, second, more attentive, individualized, and planned supports, activities, and services to students with school or even nonschool problems. Nevertheless, these strategies left largely untouched a number of areas that seemed critical in light of the problems analysis. The interventions included no basic modifications to the curricula despite data on underachievers in reading and math. The focus was on remediation rather than a more prevention-focused reexamination of the curriculum itself.

Moreover, the plan did not address genuine structural change. There was a reference to "school-based management" for schools participating in New Futures. There are 45 schools in the district; eight are designated as "New Futures Schools." In 1988, the school district was a highly centralized bureaucracy and would not agree to decentralize until the 1990 Savannah Compact Agreement was signed (Savannah-Chatham County, 1990).

Another concern was the targeting of "at-risk" students. The plan called for the creation of special classes and clubs for students identified as at-risk, rather than changing policies and practices for all students in the school. It was felt that targeting might lead to negative labeling or stigmatizing of students.

There is a common saying: "If you keep on doing what you are doing, you will keep getting what you have." The community began to realize, after two years of the New Futures Initiative, that it could not keep on doing what it had been doing—or not doing—for the youth of the community and expect them to grow up healthy, literate, and economically productive citizens. To thoughtfully and creatively develop a comprehensive approach to improve the lives of thousands of young people through the New Futures Initiative remained a challenge for Savannah-Chatham County, Georgia.

Description of Target Population

In Years 1 and 2, the Authority had access to student data across the district, not just the schools with specific New Futures interventions. As the perspective has changed and the understanding of institutional change has increased, the community has begun to look at the New Futures Initiative as an initiative with the capability of far-reaching impact, not "new programs" piloted at one or two schools. It became clear that the community must look at change across systems rather than in isolated classrooms. **This change in perspective has resulted in the decision to set Youth Futures Authority numerical objectives for target populations based on systemwide data and to target systemwide reform.** Data for particular service recipients (e.g., black male students, teen parents) allows us to assess specific program interventions, whereas systemwide data reflect changes throughout the community. It is understood that school-specific objectives will be set through the site-based management strategy by on-site staff, but will tie into the districtwide goals and objectives established by the Savannah Compact.

After two and a half years of work and data collection in the middle schools, we concluded that many of the problems experienced by middle school students began in elementary school and in the early childhood development years. In an effort to document this conclusion, we reviewed the data for retention, suspensions, overage for grade, and reading/math achievement for grades K-5. As we suspected, patterns of suspensions and low academic achievement began as early as kindergarten and first grade. Also, we discovered that there was a void in information *and* services for children in prekindergarten programs, or children ages 0–4 years. **This information, along with documented research in other communities, led the Youth Futures Authority in the direction of exploring prevention and early intervention strategies (preschool) to include in the Second Phase of the Initiative.**

Review of the data available from the school system and local youth-serving agencies strongly pointed to the disproportionate number of black males as compared to white males at risk for failure. The pattern appears to begin at birth and worsens throughout the school career, as evidenced by K-12 grade data illustrating overage for grade, retention, course failure, suspensions, and achievement scores. Questions of discriminatory practices are raised by the large number of black male students suspended in first grade in comparison to overall suspensions at that grade level.

The achievement scores of black males, compared with their white peers, were lower. The pattern of failure begins in first grade and escalates at the third-, sixth-, and ninth-grade levels. At the same time, the numbers of black males served by supporting agencies and in extra-curricular activities decreases. By age 10, many black male students feel left out of society; and the national picture of black males is often presented in demeaning and racist overtones. **Because of these compelling points, the Youth Futures Authority selected black male students as a target population for approaching system reform.**

The teen birth rate (ages 10-14) in Chatham County has decreased slightly, 6/1000 in 1987 to 5.2/1000 in 1989; however, the number of infants born to teenage mothers remains a problem for this community. There were 661 births to teen mothers under the age of 17 in 1989-90. Research shows that the fathers of these children are typically older than the mothers and are not an active part of the caregiving. Most of the babies born to teen mothers are underweight and subsequently have myriad health and developmental problems. Sixty percent of the teen mothers become pregnant again during their teen years.

The 1990 public cost to the Chatham County community for 661 teen births was $8.9 million. The hidden costs implied by little or no prenatal care, little or no infant health care, and little or no exposure to parenting skills will likely be far greater than this figure as the infants of these teen parents begin experiencing developmental problems later in life. This is an entire population of young people, both mother and infant(s), who are most at risk not to succeed and to become dependent on public assistance for the rest of their lives.

In the fall of 1990, a group of health providers for adolescents met to discuss survey results and the accessibility of care currently available to young female teens and teen parents. The result of the meetings was a series of recommendations, which heightened the Authority's awareness of the many adolescent health issues facing this community, specifically teen mothers and their children.

Recommendations included case management for teen mothers and their children and neighborhood-based services. **Considering the many implications of this information, the Youth Futures Authority selected teen mothers under the age of 17 and their infants as a target population in the Second Phase Plan.**

The Second Phase Plan in Savannah

The Annie E. Casey Foundation required the New Futures cities to submit a "second half plan" in 1991. Savannah decided to use the term *second phase* to emphasize the point that the work of the Authority would not end in 1993, when the Casey grant is scheduled to expire. The Youth Futures Authority wanted to show the community that there would be several phases to the youth service system reform effort.

This second planning process presented the Youth Futures Authority with the opportunity to involve a broader group of individuals and agencies in the New Futures Initiative. Some local agency leaders had complained about the strong leadership role of the city manager in the development of the initial plan. They said it was largely a city document and, as such, did not always reflect the views of the wider community (CSSP, 1989). One thing is clear, however: Savannah would not have received the New Futures grant without the leadership of the city manager. To correct this perception of exclusion, we invited more than 28 agencies and organizations to participate in the second phase planning process. As a result, about 54 people attended meetings of the Management Team, the Research Committee, and the Review Committee. In addition, we held two public forums, which attracted about 160 people. Many agencies were flexible in releasing staff members from other duties to plan these meetings and participate in them. This effort alone demonstrated the level of interest and commitment in this community to developing a true collaborative effort for children.

The fact that many people and agencies participated in the process did not imply that making institutional changes to improve the youth service system would now be easy. For the first time, however, major segments of the community agreed that something had to be done to improve the future prospects of Savannah's young people. Through this planning process, the Youth Futures Authority tried to build consensus on how institutional change could occur through a community-owned plan for children's services.

The Casey Foundation provided a set of qualitative indicators of institutional change that guided the development of the second phase planning. The Casey Foundation believes that institutional change can be measured by evidence of an increase or change in each of four dimensions: (1) community awareness of youth problems, (2) youth-centered decision making, (3) collaboration and service integration, and (4) resource allocation.

During the second phase planning process, leaders of the Youth Futures Authority began to speak with a sense of authority and confidence about their vision of the future. They were able to focus public attention on specific problems (e.g., out-of-school suspension and overage students). The vision developed by the Youth Futures Authority during this process is that:

Every child will grow up healthy, be secure, and become literate and economically productive. This has now become the vision of the community, as endorsed through public meetings. The only way in which such a vision can become a reality for the Savannah community is through creating opportunities for children to succeed. The Youth Futures Authority has concluded that this requires fixing systems, not fixing children. Savannah will know that the system is "fixed" when it sees significant reductions in the following areas:

- Births to teenage girls
- The birth of underweight babies
- Children born with venereal disease and addictions
- Early mortality
- Early childhood morbidity rates
- Child abuse and neglect
- The number and rates of children entering school without the requisite preparation to succeed in school
- The number and rate of children behind in grade, achieving at or below grade levels
- Criminal delinquency
- Teenage pregnancy
- School drop-out rates
- The numbers of youth graduating from school without the requisites to enter the labor force or postsecondary education, and
- Youth unemployment and inactivity

Savannah has many resources that are now fragmented but can be organized and distributed differently to achieve successful outcomes for youth. Where resources are lacking, we must work *together* to generate more. Savannah will be able to ensure that *all* youth are successful and have access to the support systems that they need only when the community eliminates the institutional policies that are creating barriers and build a strong, collaborative, service delivery system.

Rationale for Second Phase Strategies

Evaluations of the Savannah New Futures Initiative are conducted by the Center for the Study of Social Policy on behalf of the Annie E. Casey Foundation. These evaluations have consistently pointed out the need for the Chatham-Savannah Youth Futures Authority to "solidify its role in the community and institutionalize its capacity to speak on behalf of youth across agencies after the Annie E. Casey funding ends" (CSSP, 1989; 1990 a, b, c; 1991). The Authority has expended tremendous energy and resources to ensure that the Second Phase Plan moves toward this goal, which was set by the Casey Foundation for all collaboratives in the New Futures Initiative.

The evaluation reports also pointed out that the initial interventions in Savannah were remedial in nature. They did not lead to institutional changes in the educational system and other youth serving agencies. The interventions were not linked across agencies. The content and form by which services were delivered to children remained fundamentally unaltered.

It became clear from the experience gained during the first two years of the New Futures Initiative that the problems of many at-risk youth began before birth. Many pregnant girls and women are not receiving prenatal care. Some are abusing alcohol and drugs during pregnancy, which leads to premature births and other health complications for the newborn. Many mothers, especially teen parents, do not possess good parenting skills. Many are school dropouts who do not value education. Many children are entering school without proper preschool experiences. Metis Associates (Metis Associates, 1991b) provided the Authority with data on grades K-5, which clearly documented that the educational system is not able to successfully work with these children. Data for 1989-90 revealed that elementary schoolchildren were experiencing problems of retention, suspension, and low academic performance as early as the first grade. The Authority decided that it had to broaden its focus from grades 6-12 to a range of concerns that covered *all* children—prenatal to age 18.

It also became clear that a radical solution is required to address the very serious problems being encountered by black males in the public school system. The Authority, like a growing number of school systems in other communities, has determined that the long-term solution to the problems of how to enhance the achievement of black males must be accomplished through strengthened parenting skills, positive male role modeling, exposure to quality preschool experiences, and school restructuring.

Continuation of Current Interventions and Linkage to Second Phase Plan

This decision to broaden the Youth Futures Authority's range of concern led to the Collaborative's decision to take a two-pronged approach during the second phase. First, the Authority continued the remedial programs already in place and initiated a continuum of services designed to concentrate on **preventing** youth from becoming at-risk. The remedial programs designed to reduce the number of at-risk youth in middle and high school must continue. It would be morally wrong to abandon the youth who are still at risk of dropping out; becoming teen parents; and continuing to experience retention, suspensions, and unemployment while the Authority works to understand the policy and practice issues involved and develop a change agenda. Therefore, the current remedial programs will be continued until June 30, 1993. It is commonly understood by agencies receiving New Futures funds that they are expected to pick up the cost of continuing these programs at that time.

Second, a major decision was made in the original plan to allow the Savannah Area Chamber of Commerce to drive the employability component of the New Futures Initiative. The Chamber of Commerce provided leadership in developing the Compact Agreement with the board of education. This Compact Agreement, modeled after the Boston Compact, builds on the history of cooperation between the Chamber and the school district on activities like school-business partnerships. The Compact Agreement, signed in September 1990, moved both partners to a new level of accountability for the educational achievement and job readiness of students in the Savannah public schools, and to an assurance of jobs and educational opportunities for those who remain in school and graduate. The Compact Agreement is a five-year plan with a set of nine measurable outcomes to reach

the goal: "To enhance the employability of Savannah / Chatham County public school graduates." The objectives are grouped into four categories addressing jobs and internships, postsecondary education, attendance and graduation rates, and individual school progress (site-based management). The Business Advisory Committee of the Chamber is representing the business sector of the partnership with the board of education.

The Youth Futures Authority is monitoring the implementation of the Compact goals and provides technical assistance to ensure that the goals are met. A goal of the Compact is the implementation of site-based management as a tool for restructuring the school system. The Authority believes that the involvement of the business community is a key factor to ensuring that restructuring of the school system is done in a way that leads to the educational reforms necessary to improve the academic performance and employability of the graduates of the local public schools.

Early discussions during the second phase planning process about the adolescent health component led to the decision to form an Adolescent Health Network. Members of the Network represent agencies that provide physical and mental health services to adolescents in Chatham County. The Network decided that it needed to conduct a study on the status of health services to adolescents. A study funded by the Casey Foundation and conducted by Phillibar Research Associates from New York City was conducted during the summer of 1990. The results of the study led the Authority to conclude that it needed to emphasize improving the accessibility of health services to adolescents.

A strategy to develop multiservice neighborhood centers and maintain the school-based clinic at Savannah High School reflects the contribution of the work of the Adolescent Health Network. The Network will remain active in developing strategies to address the health delivery gaps identified in the study. This will be an important role for the Network as the Authority develops the continuum of care for youth. The Network will assist in planning a primary prevention program to reduce the incidence of teen pregnancy.

System Funding

The Youth Futures Authority will seek long-term funding of the system through options such as the passage of a law creating a special taxing district in Chatham County, Georgia, dedicated solely to children's services, Medicaid, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), and Title 4E - federal child welfare funds. In the interim, funds from the Casey Foundation New Futures Initiative and a special demonstration grant from the Georgia Department of Human Resources will be used to begin operation of the system.

Impact of Strategies on Institutional Change

As indicated earlier, most interventions of the first two years of the New Futures Initiative were remedial "add-ons" to current programs. In retrospect, we can see that Savannah originally missed the mark on institutional change and proceeded in a direction that is traditional for most social service organizations. Two and a half years later, the Youth Futures Authority has a much clearer picture of what systems change means and how to achieve such change. Savannah and the Youth Futures Authority have been involved in an educational process that has resulted in a much clearer understanding of the potential of the New Futures Initiative.

Using the four dimensions of institutional change provided by the Casey Foundation as the guide, the Management Team in 1991 rated each of the current interventions regarding the extent to which the intervention had played a role in moving Savannah closer to an environment for systems change. For example, the after-school program was rated on a scale of 0 (no impact) to 3 (substantial impact) in four areas:

- Did the after-school program heighten community awareness of the conditions of youth?
- Were the policy and programming decisions made in the after-school program youth-centered?
- Did the after-school program provide the opportunity for integrated service delivery to youth?
- Did the after-school program stimulate the reallocation of funds on the part of community agencies or organizations?

In this particular example, the after-school program received a rating of 8 points out of a possible 12: "some" impact had been made by this intervention on institutional change. The strengths of the after-school program were in the areas of integrated service delivery (up to 20 different agencies have been involved) and resource re-allocation.

The Mid-Point Assessment (prepared by CSSP) and the collective opinion of the Management Team were used as the basis for the rating of interventions. The exercise was subjective, but enlightening, because Management Team members were forced to look at interventions in a new way. The exercise also strongly

pointed to the need for more community education in the second phase of the Initiative. The total ranking of the original interventions on effecting institutional change was 117 points out of a possible 270 — indicating minimal or no impact. Most interventions were weakest in the areas of community awareness and youth-centered decision making.

We designed the new strategies for the second phase with the four dimensions as a guide. We hope that with our new understanding of institutional change, the proposed strategies will allow the Youth Futures Authority to have a greater impact on the social service system and the way it conducts business in Savannah.

Each of the proposed interventions moves Savannah into the area of *prevention*, rather than remediation, and gives us the ability to move across multidisciplinary lines. The proposed strategies will also allow the Collaborative to use the information from the Case Management MIS in a meaningful way to identify (1) gaps in services to young people and their families that can be filled through the neighborhood centers and (2) policies that need to be changed through the school reform agenda.

The neighborhood center is the best example of the four dimensions of change. When rating the impact of the proposed strategies on institutional change, the neighborhood-based approach received 12 points out of a possible 12. With the development of spot maps to pinpoint high-risk factors by neighborhood, Savannah has a tool to educate and heighten the awareness of the community regarding conditions preventing children from being successful, as well as ways to maximize community resources and have an impact on those conditions. The neighborhood centers will be very visible to the community at large and should provide a nonthreatening way to increase resources to neighborhoods most in need.

The services provided in the centers will be determined by neighborhood residents, who will also be a part of a neighborhood advisory board. Service delivery decisions will be driven by the needs of the children and residents, not by the agencies. Many agencies have expressed interest in participating in developing the center concept. The Health Department, Department of Family and Children's Services, Mental Health Center, Memorial Medical Center, Board of Education, and City of Savannah have expressed interest in co-locating staff in the centers. Services will be provided by interagency agreement; thus, resources will be reallocated within and among participating agencies. A common intake form, MIS, case management, and a unified administrative structure for the center are examples of new institutional arrangements that will be made to implement the center concept. Work is underway with the Georgia Department of Human Resources to develop a plan to finance some of the services in the centers through Medicaid, EPSDT, and Title 4E reimbursement. This may require the state to amend its plans for these federal programs with the Department of Health and Human Services.

Because the Youth Futures Authority plans to emphasize community education/advocacy and policy analysis, we will see a change in the way the current interventions are implemented and tied to an overall reform effort. We particularly expect to see changes in school interventions as we implement the Savannah Compact.

The Creation of a Community-Owned Collaborative

Following a series of community meetings, the Youth Futures Authority and the Commission on Children and Youth agreed that there should be one vision, one set of goals, and one planning body for children in this community. On April 23, 1991, the Commission voted to endorse a community-owned model of collaboration, with the Youth Futures Authority serving as the centerpiece.

The role of the Youth Futures Authority in helping the community to realize its vision for children and to achieve the strategic goals is to:

- Serve as the base for building a collaborative body for the planning, advocacy, community education, and evaluation of children and youth services in Savannah-Chatham County, Georgia.
- Serve as the advocacy vehicle that encourages change in the policies, procedures, and funding patterns needed to enable the youth of the community to become productive, competent, and self-fulfilling adults.

Achieving the vision of the community will require the involvement of all the key players. Any community that intends to have a system that promotes collaboration of public, nonprofit, and for-profit agencies must ensure adequate planning and evaluation. Collaboration must take place at the system level as well as the service delivery level. The Youth Futures Authority, in its expanded role, serves as the collaborative body that allows the community to focus on establishing a shared vision, set common goals, agree on strategies, and develop interagency agreements to address problems that lie beyond the capability of single agencies to solve.

Partners in the Collaborative will work toward joint planning, coordinated implementation and evaluation of services and policies and procedures, and joint advocacy for children. The Youth Futures Authority, as the collaborative body, has been empowered through its enabling legislation to negotiate, as well as to advocate for, programs and policies leading to more comprehensive service delivery for youth in Savannah-Chatham County. The Collaborative will use this mandate to plan and design a system that focuses on developmental and preventive services in a continuum of care for children.

Membership and Agency Involvement

The membership of the Authority reflects the private social service sector, the public social service sector, private business, local governments, public education, parents' organizations, and community child advocates. Some of these areas were not originally represented and were appointed to the Collaborative through amended legislation to add members or as appointments expired.

Members of the Authority are currently appointed independently by the four local funding sources of the New Futures Initiative. In contrast, in the Second Phase Plan, a community-based nominating committee representing the four appointing bodies, the business community, legislative delegation, United Way, community advocates, and other agencies will meet at the request of the Chairman of the Authority. Candidates for membership on the Authority will be proposed by this committee according to their areas of expertise and will be presented to the appointing bodies for consideration. This will ensure true community input and ownership, as well as coordination, to the appointment process.

Advocacy and Policy Analysis — Priorities for the Collaborative

Children's Week in October will continue as an annual event organized by agencies to educate the community regarding existing conditions, issues, and possible solutions for children. The week is used as one of the opportunities to present the Chatham County Legislative Agenda for Children to the local delegation, as well as to organize special events for children. The Youth Futures Authority is planning to place more emphasis and resources into year-round community education on the issues and condition of children in Chatham County.

The Youth Futures Authority will continue to strive to build a stronger working relationship with the legislative delegation. The fact that four members to the Authority are appointed by the delegation mandates a certain level of communication. The Youth Futures Authority invites all members of the delegation to attend meetings and plans to request that at least one delegate attend meetings in an ex-officio capacity.

To give full attention to the priorities of advocacy and policy analysis, new professional staff positions have been added to the Administration of the Youth Futures Authority. The executive director and deputy director will continue to be responsible for the development of a state-level agenda based on the work of the Policy/Planning and Community Education/Advocacy Committees. Assistance with legislative affairs is managed by contracting with a consultant. The contract includes researching legislation, writing and monitoring the state-level agenda, and maintaining contact with the legislative delegation throughout the session.

The consultant responsible for monitoring the state agenda and legislative affairs also supports the needs and responds to the requests of local youth-serving agencies. This may lead the Youth Futures Authority to explore the possibility of a satellite office in Atlanta during the session so that legislative information is timely and the Chatham County agenda is consistently promoted. The satellite office would serve as a point of contact and could be used by local agencies and community advocates regarding state legislative action and its impact on Chatham County.

The research on institutional policies and alternatives will play a bigger role in Authority decision making during the second phase of New Futures. A staff position, senior policy analyst, has been designated to direct this function as well as to support the related planning activities and committees of the Collaborative. The case management MIS will be used to initiate discussions regarding service and policy barriers at the Authority level, and staff members will provide options for action to the Authority. Related discussions of resource allocation will begin with further analysis of the resource map and technical assistance from the Casey Foundation. Policy analysis and resource allocation is becoming an integral part of each meeting agenda, with a reporting format created to promote discussion and action.

We hope that the formation of "one voice for children" will build the case for continued local funding after 1993. Representatives of the city, county, and state have voiced the desire to have one organization advocating and planning for children in Chatham

County so that resource decisions can be made more effectively. Members of the Authority and its staff have explored the possibility of becoming a taxing authority to provide on-going financial support. There are both positive and negative implications associated with such a move; and staff members are studying these in coordination with the State Senate Research Office.

As the Youth Futures Authority moves toward the completion of the five-year grant period, refinancing and resource reallocation will become increasingly important. The Savannah-Chatham County must invest resources in the further development of the local capacity to continue the work of the Youth Futures Authority. Savannah has been fortunate to have the technical assistance of the Casey Foundation available in the areas of data analysis, policy analysis, and evaluation. However, to fulfill the expanded role and mission of the Authority in the years to come, the Savannah community must allocate the financial resources to sufficiently support the level of analysis and collaboration that will be needed.

Is there a possibility the community will get at the roots of Savannah's socioeconomic problems? The experience of the Chatham-Savannah Youth Futures Authority over the past four years indicates that the business community and the public and private sectors have accepted the ancient African saying: "It takes a whole village to raise a child."

This means that perhaps Savannah will be one of the first communities in this nation to truly become a caring community where all of its children grow up to be healthy, secure, literate, and economically productive.

Recommendations

To encourage and assist local school districts to collaborate with other agencies and groups, chief state school officers should:

- Model collaboration with other state agency chiefs. This would send a message to local districts that collaboration is important at the state level.
- Assign top-level administrators to work with local districts to develop collaborative strategies and programs. These administrators should serve on local collaborative policy groups to provide a direct communications link to the state departments of education. The assignment of "important state people" to local initiatives reinforces the commitment of departments of education to supporting local service integration and school-linked delivery systems.
- Eliminate any barriers, such as unnecessary confidentiality requirements, to districts receiving policy waivers and being assigned demonstration status to develop innovative, school-linked, service integration projects. Eliminate the policy barriers when identified.
- Develop a state strategy to use federal funds, such as Medicaid's EPSDT, to fund school-linked social services. Provide technical assistance to districts to build the capacity to use these funds.
- Provide incentive funding to districts that demonstrate a willingness to collaborate with other agencies to construct interag y initiatives that will help students and their famuies.
- Provide technical assistance to districts that want to implement site-based decision making. Require district accountability for student outcomes.

To successfully develop collaboration in some districts, chief state school officers will need to provide leadership, mentoring, technical assistance, and innovative funding and policy reform initiatives. For other districts, Chiefs will only need to get out of the way.

References

Annie E. Casey Foundation. (1987). *A strategic planning guide for the New Futures Initiative.* Greenwich, CT: Center for the Study of Social Policy.

Annie E. Casey Foundation. (1989). *An implementation guide for the New Futures\ Initiative.* Greenwich, CT: Center for the Study of Social Policy (CSSP).

Center for the Study of Social Policy. (1989). *New Futures: Plans for assisting at-risk youth in five cities.* Washington, DC: Author.

Center for the Study of Social Policy. (1990a). *New Futures, Interim status report: Savannah.* Washington, DC: Author.

Center for the Study of Social Policy. (1990b). *New Futures in Savannah: A mid-point assessment.* Washington, DC: Author.

This article is a personal account of one who has been involved with the Initiative from the planning phase to the present. The content of this article comes primarily from materials developed by the Annie E. Casey Foundation, The Center for the Study of Social Policy, and the Youth Futures Authority.

Center for the Study of Social Policy. (1990c). *Savannah: Final year two evaluation.* Washington, DC: Author.

Center for the Study of Social Policy. (1991). *Savannah New Futures Initiative: Year three evaluation report.* Washington, DC: Author.

Chatham-Savannah Youth Futures Authority. (1988). *New Futures Initiative proposal.* Savannah, GA: Author.

Chatham-Savannah Youth Futures Authority. (1991). *New Futures Initiative: A Second Phase Plan for Savannah.* Savannah, GA: Author.

Mendonsa, A. A. (1986a). *A briefing on the policy issues you will need to address during the next four years.* Speech presented to Savannah City Council, Savannah, GA.

Mendonsa, A. A. (1986b). *Savannah's invisible population.* Speech presented to the Christ Episcopal Church Women's Organization, Savannah, GA.

Metis Associates, Inc. (1991a). *Cohort file analysis: Kindergarten to grade 5, 1990/91--Savannah.* New York, NY: Author.

Metis Associates, Inc. (1991b). *New Futures Initiative: Cohorts and comparative data report: 1988/89 (Year 1) and 1989/90 (Year 2)—Savannah.* New York, NY: Author.

Metis Associates, Inc. (1992). *New Futures Initiative: Cohorts and comparative data report: 1988/89 (Year 1), 1989/90 (Year 2) and 1990/91 (Year 3)—Savannah.* New York, NY: Author.

Savannah-Chatham County Board of Education and Savannah Area Chamber of Commerce. (1990). *The Savannah Compact Agreement.* Savannah, GA: Author.

The Walbridge Caring Communities Program

Khatib Waheed
Walbridge Caring Communities

An increasing number of educators are recognizing that schools can no longer operate from a closed-systems perspective in isolation from the family and community. Both the family and community constitute external learning environments to the school and classroom; and for an increasing number of children, these environments adversely affect children's desire to learn. Although recognition of this situation is becoming widespread, the implementation of effective strategies and interventions has not kept pace. Schools remain ill equipped, and staff are ill prepared to confront the myriad nonacademic problems that children bring with them to school. Too many school districts lack sufficient funding to provide on-going staff development and training to equal the tasks confronting teachers and schools.

Traditionally, teachers are not afforded adequate time and training to work effectively with families and community. School support staff often lack opportunities and training to effectively work with teachers. Structurally, schools pervaded with the "one-room schoolhou..." environment are not conducive to collective action. Despite these seemingly insurmountable obstacles, teachers, administrators, and support staff overwhelmingly attempt to do the best they can with the resources available.

Meanwhile, pervading our schools are psychological, social, economic, and health-related issues contributing to children's low self-esteem. These issues are couched in family dysfunction and result from inadequate parenting skills, premature parenthood, parental neglect, individual and group violence, underemployment and unemployment, and chronic illness. "Back-to-basics" educational reform movements, with emphases on excellence in education, will remain ineffective strategies in the face of such issues currently existing in many of our schools.

James Comer points out:

> Giving more time to the teaching of basics will not begin to address these problems. Effective teaching of the basics (one part of intellectual development) will not be possible for many students until the social, psychological and moral growth, interpersonal skill development, and social climate conditions are adequately addressed. . . . Raising achievement and intelligence without improving the ability of people to function well in the world will not decrease the crisis in our schools and on our streets (Comer, 1980).

Meanwhile, Wilson echoes these sentiments, as follows:

> The core of the present reform movement has been a full dose of "excellence." Of very low priority now, as in the 1957 period, is an emphasis on equity for those individuals and groups who are underprivileged and underachieving in comparison with the majority-group persons. The educational needs of children and youth who have not had the economic, social, environmental opportunities or advantages enjoyed by the dominant group receive minimal attention in most of the school reform reports. It is those advantages that prepare fortunate children to be ready, able and motivated to master learning at the expected rate of development (Wilson, 1986).

Children who are at risk of school failure, out-of-home placement, and juvenile justice encounters are in need of support systems, motivation, and assistance that the family and community are often unable to provide. These children and families are dependent

Khatib Waheed is Director of the Walbridge Caring Communities Program, St. Louis, Missouri.

on fragmented, crisis-oriented, service-delivery systems plagued by dysfunctional intraagency and interagency communications, rigid guidelines, and insufficient funding. Consequently, such systems are failing to effectively provide the comprehensive services necessary to enhance school and family success.

The aforementioned factors are exacerbated by the dynamics of rapidly changing social and economic conditions. Many acknowledge that our national economy has been transformed by a globally competitive economy. Cultural globalization created by the technological advancements in communication and global transportation have served to enhance the global economy. In addition, while ecological interdependence, increased global political intensification, and global demographic diversity are all exerting influence on society, they are having particular implications for at-risk children and families. These major external forces challenge educators, corporate and governmental executives, legislators, researchers, and top-level agency administrators to devise strategies that will stimulate a renaissance in the way our schools operate and the concomitant way in which we educate our children.

According to the Council of Chief State School Officer's Family Support Education and Involvement report:

> Policymakers across the service systems realize that a path to resolving many pressing social, economic, and educational issues is to strengthen the inherent capacities of families. Pilot programs and statewide policies have been set up to support families through a comprehensive array of services (CCSSO, 1989).

As a result of the aforementioned factors, the burgeoning process of collaborative public-private partnerships has evolved as a beacon of light in a sea of educational and social despair. The resultant and current strategy for Missouri is an initiative to provide a comprehensive array of preventative and early intervention services through a school-based integrated service delivery system. Walbridge Elementary School is the pilot program site in St. Louis, Missouri.

The first section of this chapter focuses on the origin and conceptual underpinning of the project relative to major inherent deficits within the current service delivery system. Using a case study approach, the second section delineates some of the program's characteristics and components. The final section shares the findings of the preliminary evaluation results, with projections and recommendations for future program expansion. Appendix A presents a glossary of terms, and Appendix B provides details of the evaluation report.

Origins of Missouri's Public-Private Partnership

When the Walbridge Caring Communities Program (WCCP) began on May 15, 1989, on the North St. Louis, Missouri, campus of Walbridge Elementary and Community School, the collaborative partnership process had begun two years earlier. Missouri's Departments of Elementary and Secondary Education, Mental Health, Social Services and Health began what Bruner describes as an:

> interagency collaboration at the administrative level. Collaborative initiatives often occur at the administrative or managerial level in both state and local government . . . As used here, administrative level collaborative initiatives . . focus on enabling different institutions serving the same families to solve common problems (Bruner, 1991).

What evolved from this initial process was an agreement that the project goals should be measurable relative to children and family outcomes. The program goals focus on keeping children:

- Successful in school
- Safely in their homes, avoiding out-of-home placement
- Out of the juvenile justice system

During the initial administrative-level collaboration process, it was agreed that private sector involvement would be needed to provide seed funding, legitimacy, and visibility for the initiative. A likely partner was the Danforth Foundation, renowned for its role in establishing an earlier collaborative initiative with the Department of Elementary and Secondary Education in 1984. The result was a successful statewide early childhood intervention program known as Parents as Teachers. Bruner points out the significant role of the private sector in collaborative initiatives:

> First, private and corporate sector involvement lends greater visibility to child and family issues and provides additional legitimacy to policy proposals addressing those concerns. Second, private sector involvement can provide seed funding for new or innovative approaches to child and family concerns. If corporate leaders become convinced . . . they often can provide funding with fewer strings and regulations attached (Bruner, 1991).

The Danforth Foundation's tremendous history of commitment to improve educational opportunities and family outcomes facilitated the process of nurturing future private-sector leaders. Often private-sector

leaders are unfamiliar with the insurmountable obstacles precluding families at-risk from adequately assisting and motivating their children.

Once the public-private collaborative partnership was in place, it was soon decided that St. Louis would become the urban site for the project. Consequently, the St. Louis Public School District became the next partner. An eight-month site selection process that began in September 1988 was formulated involving 18 schools. All schools were located in high-risk neighborhoods with a high population density of children and youth.

Walbridge Elementary School was finally selected in April 1989. The decision was based partially on evidence of an existing collaborative partnership between the school principal and the community school coordinator. Innovative approaches were already in process to address the needs of the high-risk community surrounding Walbridge. The school-based activities were given visibility and legitimacy through the efforts of the Danforth Foundation. A local television station was encouraged to highlight the innovative outreach activities and adult educational programming designed to address the neighborhood's concerns. More important, the Danforth Foundation provided critical seed money to initially hire the project director and support staff to begin the project until "hard dollars" could be redirected by the agencies.

A public-private collaborative partnership process was now well established. The goal was to improve school success and family outcomes by providing comprehensive and appropriate services through a strategy of school-based integrated services. The collaborative partnership had grown to include the Danforth Foundation and the St. Louis Public School District, working jointly with Missouri's Departments of Elementary and Secondary Education, Mental Health, Social Services, and Health.

Several systemic problems were identified by Missouri's collaborative partnership, related to fragmented service delivery that will require both short- and long-term strategies. Bruner has developed a cogent list of problems resulting from fragmented systems that collaborative partnerships should solve:

- Provide better assistance to families already receiving services in several systems;
- Keep children from falling through the cracks and ensure that they receive needed services; and
- Reduce environmental risks that affect all children in a given neighborhood or community (Bruner, 1991).

One of the major problems that collaborative partnerships must solve for families who receive multiple services through a fragmented service-delivery system is how to increase access to needed service. Fragmented delivery of multiple services usually requires families to travel to several locations to receive critically needed services. Consider the single working parent whose household is composed of several preschool and school-age children. Without private transportation and confronted with keeping several important appointments at the school, the health center, the social service office, and the mental health center, the parent may not attend to many critical needs. Often the choice is to give deference to immediate needs or crises. Consequently, prevention and early intervention is placed on the "back burner." Delivering integrated services within the school setting is an optimal approach to providing better assistance to families receiving fragmented multiple services. This is one advantage that the Walbridge Caring Communities Program offers for families.

Another dimension of the access issue is related to inconvenient or inflexible service-delivery hours. Most service hours are structured around the "normal" work day—falling somewhere between 8 a.m. and 5 p.m. It is not as if all families in need are unemployed and receiving some form of public assistance. Increasing numbers of families are headed by single parents who are working at jobs with entry-level pay, "abnormal" work hours, and little or no time off to attend to critical family needs. There are also special needs for the children of two-parent working households related to child care, tutoring, recreation, and academic enrichment that often remain unmet as a result of services being provided primarily within the traditional work-day structure.

There is a need for collaborative partnerships to expand service-delivery hours so that families can receive needed support services to enhance the appropriate psychological and social development of their children. Schools are excellent locations for the provision of latchkey and mental health services, respite care, after-school academic remediation, co-dependency counseling, and recreational activities. Overwhelmingly, schools lock their doors once the school day ends. During the summer, the building is closed, unused, and unavailable to the community. At Walbridge Elementary School, through the combined activities of the Walbridge Community School and the Walbridge Caring Communities Program, the facility is open 14 hours a day, five days a week—from 6:30 a.m. to 9:30 p.m.

The result of rigid service-delivery hours and poorly located offices is often the underuse of needed services by children and families. For example, hospital emergency room staff are trained primarily to treat trauma patients. Hospital administrators have expressed continual concern over the loss of critical staff hours because of the increased demand to provide primary care for pediatric patients. Available staff are not on duty during late-night hours to treat children's ear infections and fevers. However, for parents experiencing difficulty in accessing health services during "normal working hours," the emergency room is often their only alternative. Meanwhile, the neighborhood health center, which closes at 5 p.m., expresses concern for the underuse of its services. A solution would be to simply expand the hours of service delivery at the health clinic to accommodate working parents and others who have difficulty accessing services before 5 p.m. So the question becomes: Who benefits and who suffers from the service provider's inability to deliver services that are accessible to families who need them beyond the "normal" working day?

Another issue evolving from fragmented services that collaborative partnerships must solve for children and families is to prevent them from "falling through the cracks." Initially, for many of the children entering or attending elementary schools, their nonacademic problems have not reached crisis levels. Early intervention would reduce or eliminate the probability of increased severity. However, when there is no available staff who is responsible for identifying needs and for linking and monitoring services, the problems often become severe. In similar situations at Walbridge Elementary, the case managers for WCCP are responsible for linking and monitoring service plans and program goals after the classroom teacher or school counselor identifies the need. Many children receiving services through the WCCP come from dysfunctional families who often lack the skills to motivate, assist, and support the educational and developmental needs of their children. These families are often less capable of effectively coordinating several service plans that are driven by contradictory or conflicting service plans and program goals.

Collaborative partnerships must also deliver integrated services that reduce environmental risks adversely affecting families. Walbridge Elementary School was selected in part because the school's attendance zone or micro-catchment area constitutes a high-risk neighborhood. Keith Schafer, Missouri's State Director of Mental Health, noted:

> The selected community is the Walbridge Community School catchment area. Walbridge is an elementary school servicing children and their families through grade five. Additionally its role as a community school allows it to serve a broader population than just the elementary children and their families . . . The neighborhood has struggled in recent years with serious social problems including drug houses, unemployment, and family and community violence (Schafer, undated).

According to its report, *Addressing The Needs of St. Louis Children At Risk*, Project Respond substantiated what was generally known about the Walbridge catchment area. Project Respond identified neighborhood risk factors by zip code, using eight indicators: "parenting; maternal/child health care; food and shelter; children care and developmental enrichment; basic education; community environment; poverty and unemployment; and racism" (Project Respond, 1991, pp. 5-7). The Project found several glaring facts associated with the eight indicators:

- *Parenting.* Sixty percent of the children residing in the Walbridge catchment area scored below the 30th percentile in language, and 46 percent scored below the 30th percentile in mathematics on the St. Louis Public Schools' Kindergarten Inventory of Developmental Skills (KIDS).
- *Food and Shelter.* Nearly 3,000 children out of 8,000 are hungry.
- *Maternal/Child Health Care.* The report documented that 113 children were diagnosed as having lead poisoning in 1989-90.
- *Child Care and Developmental Enrichment.* Only 120 of an estimated eligible 725 children were being served by Head Start.
- *Basic Education.* Only 48 percent of adults 25 years or older had completed high school in the Walbridge catchment area.
- *Community Environment.* The neighborhood was rated at level 4 on a scale of 9 related to gang activity.
- *Poverty and Unemployment.* The report found that 2,500 of the 8,000 children residing in the area were receiving Aid to Families of Dependent Children (AFDC).
- *Racism.* The potential for institutional racism was present because of the disproportionate ratios of black and white populations: out of a total population of 23,000, there were 22,000 African-Americans. The report revealed that there were only 8 programs serving nearly 8,000 at-risk youths, compared with an area in south St. Louis serving about the same number of children with 88 programs (Project Respond, 1991).

In rethinking how potential services could be redeployed, rather than focusing on individual eligibility, the collaborative partners decided to make services available to all of the families in the catchment area.

The funding stream would consist of private-sector funds combined with redirected general revenue funds. According to Keith Schafer, "The general revenue funds are crucial to the project because they are not time-limited as is the case for most federal or state discretionary grants" (Schafer, n.d., p. 2). Making services available to all the families residing in the catchment area was facilitated by existing community outreach services through the community school, which provides both continuing education and vocational education courses for adults and older adolescents. Innovative leadership development and other after-school activities for youths and children were also provided. Drug trafficking interventions, expanded school health services, respite care, latchkey and youth recreational activities, in-home therapy, and substance abuse counseling are some of the services provided throughout the year by the WCCP to reduce environmental risk factors that place children and families at risk.

Another issue for the collaborative partnership was a growing concern related to a lack of school staff preparedness to effectively address the aforementioned problems resulting from fragmented service-delivery systems. There was a recognition that teachers have been trained primarily to teach. They are ill prepared to collaborate with families and school support staff in ways that assist children whose psychological, health, social climate, and interpersonal group skills are contributing to school failure. Likewise, school support staff are ill equipped to collaborate with teachers or to effectively manage the large caseloads of at-risk children and families assigned to them. Although teachers and support staff have different roles within the educational setting, the roles are nevertheless interrelated. However, much of what precludes successful collaboration among school staff centers on a lack of adequate time, resources, and training. Missouri's Commissioner of Elementary and Secondary Education viewed interagency collaboration as an effective process to begin to address the nonacademic needs that preclude school success for increasing numbers of children. Comer points out:

> There are few universities where school human service professionals and teachers have a common core curriculum from which they can develop a shared perspective, a common professional language and learn to appreciate what they can contribute to one another. Many dollars available for support staff are not well used because the professionals are not prepared to work together efficiently and effectively (Comer, 1980).

Bruner (1991) describes intraagency collaboration as a level of service delivery "where collaboration should exist . . . between the front-line worker and other workers in the same agency."

An increasing number of schools, particularly those in high-risk neighborhoods, need a *team* of mental health workers, behavior therapists, case managers, substance abuse counselors, and child care workers located in and around the school. Levels of intraagency and interagency collaboration are needed to ensure the successful delivery of integrated services for both children and their families. This is what the program design of the Walbridge Caring Communities Program seeks to address.

Concepts Underlying the WCCP

What sets the current collaboration thrust apart from earlier efforts is its vision, or conceptual underpinning. Blank and Lombardi (1992) describe four key elements of collaboration:

- Children must be seen in the context of families, and families in the context of communities in which they live.
- Comprehensive services must be provided in a way that respects the individual needs and cultures of the families and communities.
- Program services must go beyond the provision of goods and services and must nurture relationships that help people grow.
- Services must be "democratic." That is, the people most directly affected must have some control over the types of services provided and the ways they are delivered.

Community Empowerment

In designing democratic services, the WCCP had an essential conceptual underpinning of community empowerment. Designing the program at the local level with local input was critical to empowerment. A local advisory board became an additional partner in the effort by facilitating the process of communitywide collaboration. The board was predominately composed of educators, parents, and leaders living or working in the catchment area. Several state agency representatives, constituting a minority on the board, were also identified to serve as members. Subsequently, the board held several communitywide meetings to assess the community's perception of needs. High on the list of priorities were child and respite care, cultural enrichment, and drug and crime interventions.

To further local or community empowerment, the program sought teacher input in identifying specific student at-risk indicators. The list linked individual, familial, and community concerns. What evolved was a strong conceptual belief that community is to the family, what the family is to the child.

Focus on Families

In viewing families in the context of communities, the board decided that in high-risk neighborhoods, services must be provided that adequately address community dysfunction. The board emphasized that efforts must be on-going to provide more comprehensive and appropriate services for the entire community if improved family outcomes were to have any real chance for success. There was total agreement with this concept throughout all levels of the public-private collaborative partnership. There is an ancient African proverb that states it more cogently: "It takes a whole village to (rear) a child."

In considering children in the context of families, Missouri's collaborative partners agreed that it is critical to recognize that parents are their children's first teachers. This has become a conceptual underpinning of the WCCP. Often the barriers precluding the academic success of at-risk youths are rooted in family dysfunction. Therefore, the WCCP mandates that the family must be involved with staff in efforts to provide services for their children. At all levels of the collaborative partnership, participants unanimously agreed that students' needs would initially determine what services were provided. However, the needs assessment and service delivery would involve the whole family.

The program intake process (needs assessment) involves the child's parent or guardian, the teacher, the school counselor, two program intervention staff supervisors, and the program director. At intake meetings, staff document and assess the family's social, educational, work, and health history before making recommendations for specific services. Service delivery is contingent on parental acceptance and involvement. In cases where early or intensive interventions are required, program staff devise an individualized treatment plans (ITP), integrating a triumvirate of input from the parent, the front-line worker, and the teacher.

Cultural Competence

Providing comprehensive services that respect children's needs and the family-community culture will be on-going and difficult. This is true particularly in high-risk communities like the Walbridge catchment area, where an abundance of positive role models and self-perceptions are lacking. Historic efforts to limit African-American children and families from participating in recorded and on-going positive African and African-American experiences, culture, achievements, and history has taken its toll. Consequently, the collaborative partnership agreed that an additional conceptual underpinning of the WCCP would be cultural competence. According to the report, *Towards a Culturally Competent System of Care*, cultural competence is "a set of congruent behaviors, attitudes and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross cultural situations" (Isaacs & Benjamin, 1991).

> Yet many ask, why is cultural competence necessary? Many people exhibit uneasiness or even resistance to any inference that an emphasis on cultural or racial differences should be made. Instead, according to Isaacs and Benjamin (1991), many find greater comfort in focusing on social class or gender differences:
>
> Individuals tend to personalize racism and oppression and cannot objectively view society and its institutions from such perspectives. Thus there is a natural American tendency to dismiss racial differences or cultural variations as key factors to be addressed by American institutions and services . . . Often, there are concerns that cultural diversity is really a form of reverse discrimination.

Nevertheless, cultural competence is imperative if improving African-American family outcomes is desirous. Unfortunately, the historic uneasiness, denial, and resistance to generate healthy and meaningful discourse centered around institutionally racist policies and practices lessens the likelihood of developing any meaningful solutions. It is most unfortunate, but necessary, to point out in the wake of the recent Los Angeles riots that the civil rights movement of the 1960s did not take care of all the problems in our society surrounding racial and ethnic issues. Significant numbers of minorities are still pushed off into the "dark corners" of society. They are ignored as if they are expected to just disappear, never to be heard from or seen again. The more that professionals and service providers attempt through culturally incompetent systems to ignore and thus invalidate the cultural differences of minority children, families, and communities, the more adverse the effect can be on children's success in school and families' prospects of advancing socially. Because of our increasing demographic diversity and the globalized economy, it is becoming increasingly imperative to rethink our current social, economic, and institutional practices toward African Americans and other minorities.

Identifying and Training Staff Members

Culturally competent systems should have policies and concomitant behaviors that allow flexibility in identifying and training staff who are sensitive to and respectful of cultural, racial, ethnic, social, and gender differences. Such staff should be unafraid to work in the home, school, and community. Familiarity with the local customs and mores is crucial. Deficit-model approaches that blame the consumer only serve to alienate the community and widen gaps in staff/family relationships. Typically, paternalistic approaches to service delivery are equally detrimental. Paternalism often lowers the self-perception and self-esteem of the consumer and often increases dependence rather than self-sufficiency.

Culturally competent staff working within the capacity of a collaborative partnership should recognize both the deficits and assets in the attitudes and behaviors operating within the family and community. Subsequent practices should seek to build on those strengths while appropriate theories and methods are employed to negate the weaknesses. To do this effectively, staff will need on-going training. In addition, staff will need agency or system support, reflected in the system's policies, attitudes, and behaviors.

Cultural competence has thus become a significant conceptional underpinning of the WCCP. Emphasis for this concept has evolved from the staff-family level of collaboration, all levels of the collaborative have been fully supportive.

Emphasizing Afrocentricity

A significant aspect of this concept is Afrocentricity. The racial composition of the program's catchment area is predominately African American. In an effort to establish and maintain a program that is both culturally sensitive and culturally competent, the WCCP has developed a *Concept in Afrocentricity.*

In recent years, the term *Afrocentric* has become increasingly popular among African Americans. Its meaning and usage are loosely defined and therefore varied, depending on the perspective of the individual, organization, or philosophical school of thought. It was not the intent of the WCCP to introduce a universal definition for the burgeoning concept. The intent was to take the loosely defined concept and give it meaning that would have both practicality and efficacy in achieving the overall program mission.

Essentially, Afrocentricity for the WCCP is defined as "using both positive and practical African and African-American concepts and philosophy as the focus for defining the individual and collective lifestyles of the children and families receiving services through the WCCP."

This concept permeates all service levels within the WCCP and must be understood and taught by the parents, teachers, and staff. Two key points are worthy of emphasis here. The first is that the concept exposes and builds on cultural difference, rather than denying the significance of its existence. It recognizes that these differences are "God given,"—"so that we may know one from another, not that we may despise one another." Second, the concept builds self-identity and purpose, while restoring a sense of inner worth, love, and self-respect. It teaches love, not hate, while it simultaneously nurtures a genuine respect and appreciation for cultural differences. The concept posits that it is both probable and desirable for African Americans to learn to love themselves without learning to hate others. When adequate consideration is given to cultural competence in a broader sense—relative to a more effective delivery of services within high-risk, minority communities—much can be learned by educators, service providers, policymakers, front-line workers, legislators, and researchers.

Fostering Nurturing Relationships

Many external stressors affect the emotional health and psychological development of minority children and families and thus place them at risk of developing emotional disturbance or mental di orders. According to Isaacs and Benjamin (1991), they are as follows:

- Racism and discrimination;
- Mass media and the way in which minority groups are portrayed;
- The strain of acculturation and the migration experience;
- Legal constraints and strategies for circumvention, such as issues on American Indian reservations or those associated with refugee status;
- Language and communication pattern differences;
- Socioeconomic status, especially since ethnic minority groups are disproportionally represented among those defined as living in poverty;
- The American economy and the availability of employment opportunities;
- Geographic isolation and resource-poor environments; such environments include urban inner cities, rural areas, reservations, barrios, and others

in which people of color are isolated from the mainstream;

- Intergroup and intragroup conflicts and tensions; and
- Assimilation and the loss of some of the most highly skilled/competent members of ethnic minority groups to the larger society (Isaacs & Benjamin, 1991).

In providing services that help people grow through nurturing relationships, the WCCP has accepted cultural competence as a quintessential concept. Efforts to provide services that nurture relationships should be obvious, but they are often overlooked or misunderstood by many front-line workers. The term *Caring Communities* cogently describes what is intrinsically needed to reverse the cyclical poverty, violence, and loss of human potential affecting increasing numbers of schoolchildren and their families. Staff and supporting individuals must genuinely care for and nurture the children and families whom they serve, as well as each other. Another African proverb says, "A spear in your heart is a spear in my heart," which cogently describes the caring and nurturing concept of the WCCP.

Carl Glickman, in a recent work on educational supervision, emphasized the still-current ideas of William James, the philosopher, Quaker, and pacifist:

> [James] rendered an observation that the challenge of our times was to find those domestic causes that are the moral equivalent of war. In that statement, James identified what has been the essential point made by researchers and writers about successful organization. . . . What is conveyed is that successful organizations have a collection of individuals who work together on a common goal that transcends their own self-interest (Glickman, 1990).

The idea of working "together on a common goal that transcends their own self-interest" has been a driving force for the front-line workers, other staff, and supervisors of the WCCP. The domestic cause that constitutes "a moral equivalent of war" is to integrate home- and school-based services that effectively meet the needs of the children and families residing in the Walbridge catchment area. The goal is to accomplish this integration of services in a way that builds family capacity and improves family outcomes.

Program Design

> I am an invisible man. . . . I am a man of substance, of flesh and bones, fiber, and liquids—and I might even be said to possess a mind. I am invisible, understand simply because people refuse to see me. . . . When they approach me, they see only my surroundings, themselves, or figments of their imagination—indeed everything and anything except me (Ellison, 1947).

In the wake of the 1991 Los Angeles riots, the social and political climate in our cities makes interagency collaboration imperative. As we approach a new millennium, no longer can we afford to react to crises if there can be any reasonable expectations for improved family outcomes and social harmony. But, unfortunately, for millions of children, youths, and families, the words of Ralph Ellison still ring true. They are humans whom many consider a statistical enigma.

Prevention Needs

The Children's Defense Fund (1990) painted a dismal picture of the current conditions and future prospects for an increasing number of children and families:

- In the year 2000 there will be 4.1 million fewer Americans in the young adult age group (18 to 24) entering the work force than there were in the mid-1980's, a decline of 14 percent.
- In the year 2000 nearly one-third of the nation's 18- to 24-year-olds will be from minority groups, compared with less than one-quarter in 1985.
- Between 1979 and 1988 the proportion of American children living in poverty grew by 23 percent. One in five American children lives in poverty.
- More than 12 million children and more than 14 million women of childbearing ages have no health insurance.
- The United States has slipped to nineteenth in the world in preventing infant deaths, behind such nations as Spain, Ireland, Hong Kong, and Singapore.
- Since 1973 young men's marriage rates have declined by one-third, and the proportion of births that were out of wedlock doubled.
- One-half of preschool-age children today have mothers employed outside the home. By the year 2000 that figure will rise to nearly seven in 10. But our nation barely has begun to adapt to the dramatically expanding need for safe, accessible, affordable child care.

- One-half million children drop out of school in the United States each year.
- In 1986, 2.2 million children were reported abused, neglected, or both.
- Every night an estimated 100,000 children go to sleep homeless.
- Two in every five American girls get pregnant and one in every five American girls bears a child before the age of 20.
- Low-income housing assistance is down 76 percent (adjusted for inflation) since 1980; federal help for elementary and secondary education is down 22.4 percent from 1979; the AFDC grant for subsistence in a median state has fallen by 37 percent since 1970; and the main federal program to place doctors in underserved areas of the country has lost more than 90 percent of its doctors (Children's Defense Fund, 1990).

There should be little question why increasing numbers of youths and families in these categories become disillusioned and resort to inappropriate behaviors and illicit economic choices to survive. Program and service-delivery systems that focus primarily on crises are, by their nature, using deficit-model approaches. Crisis-oriented programs provide interventions only after a problem has occurred and is usually out of control. Service providers and staff often become frustrated by the lack of potential outcomes for families to reach capacity. As a result, families often are blamed for not resolving the problems themselves. Meanwhile, families become disillusioned by the inability of the program or system to deliver what is really needed for their success and empowerment.

Though programs focusing on crises are needed, greater emphasis should be placed on prevention and early intervention. Parents inherently want their children to succeed, but many parents lack the skills and support to enable their children's success. Because of the lack of adequate emphasis on prevention and early intervention strategies by service providers, increasing numbers of at-risk youths from dysfunctional families and neighborhoods are seeking alternative supports. Such supports provide them with a sense of power, belonging and love, protection, discipline, self-esteem, and self-actualization otherwise provided by functional families and nurturing extended family supports. Increasingly, alternatives are found in street gangs and satanic cult-groups. As a result, many youths are taking dangerous risks that often lead them to crime, incarceration, failed human potential—and premature death. Although risk taking is a basic part of learning and growth, in the absence of proper guidance, values, and family-community supports, the results for many have been devastating. Numerous youths are literally getting away with murder.

This pattern of self-destruction is particularly true for African-American youths, according to Gibbs and coworkers (1988):

> The leading cause of death for black males 15-24 is homicide. . . . It has been estimated that a young black male has a 1 in 21 lifetime chance of being killed, most likely by one of his contemporaries. . . . Often [these youth are] murdered by each other for reasons including street hold-up, drug trade, sexual jealousy, and gang fights (Gibbs et al., 1988).

School truancy, juvenile delinquency, child abuse and neglect, chemical dependency, premature parenting, group violence, emotional disturbances, and mental disorders are the kind of barriers precluding school success for many children. The prevailing crisis-oriented, deficit-model, service-delivery systems that fail our children is what the WCCP is designed to change.

Preventive Services

The primary objective of the WCCP is to remove barriers related to the psychological, social, educational, and health needs of children and families. Because crises will and do occur, the WCCP offers a comprehensive array of services that provide both preventive and early intervention strategies. Preventive services are as follows:

- Cultural classroom presentations are offered regularly in all classrooms to enhance self-concepts, reference group orientation and/or ethnic group identity, and drug-prevention awareness skills.
- Drug-free, dropout prevention activities are provided each Friday evening, consisting of social and educational activities during time periods when children and youths are more vulnerable to their dysfunctional social climate.
- Latchkey services are offered five days a week before and after school for children whose parent(s) are working, in school, in a job training program, or actively seeking employment.
- Overnight respite is offered every three months at the school site to provide short-term relief for parents in an effort to reduce potential stress, neglect, or abuse.
- Teen leadership development programming is offered to enhance the appropriate life-cycle passage from adolescence to adulthood.

Early Intervention Services

Some of the early intervention strategies used to address the indicators of family dysfunction are manifest in the school environment. Some of the indicators of family dysfunction for children in schools are absenteeism and frequent tardiness; neglect of hygiene, appearance, health, and nutrition; disruptive out-of-seat classroom behavior; inability to focus or to stay on task; fighting frequently; low academic achievement; and low self-esteem or motivation. These symptoms are often indicators of much larger problems rooted in the family. As a result, the following early interventions are provided within the elementary school setting while the parents are more involved with their children's learning and when the symptoms and problems may be more effectively addressed.

- After-school tutoring is offered three evenings a week for children experiencing academic difficulties that require additional remediation.
- Anti-drug interventions in the form of regular community drug marches are held. These marches are designed to empower the community and to reduce the destructive prevalence of drug trafficking and violence that regularly occur within the community.
- Expanded school health services are offered daily that facilitate communications and service access between the school and hard-to-reach families.
- Case management services occur in the home and school for children and families who need referrals, advocacy, linkage, and monitoring of services and service plans to build family capacity for those who may otherwise "fall through the cracks."
- Day treatment services are provided daily for several small groups of children in a school-based setting that offers behavioral therapy for children who are experiencing social adjustment difficulties in the classroom or school.
- Intensive in-home therapy is provided daily for children and families who are experiencing crisis situations that place them at severe risk of out-of-home placement of children.
- Substance abuse counseling, referrals, and after care is provided for chemically dependent family members, along with co-dependency counseling for children living with the family dysfunction resulting from chemical dependency.

The WCCP emphasizes the belief that "when our families and communities are at risk, then so are we and our future." The nation's globalized economy is placing new demands on the work force. The United States needs a more educated and highly skilled work force to maintain or regain a competitive position in the global marketplace. However, more heuristic, or comprehensive, approaches to the myriad of problems and circumstances confronting children and families will be needed. Heuristic programming and techniques are not found in current crisis-oriented, inflexible, and fragmented service-delivery systems, but are inherent within the collaborative processes of the WCCP's public-private partnership.

The ultimate challenge for state agencies is to take the necessary "risks" to develop the leadership and to provide the necessary supports using the heuristic approaches inherently found within collaborative processes, such as the WCCP. Ultimately, the goal is systems changes that build family capacity and improve family outcomes. An integrated service-delivery system, which is school and home based, is one strategy with tremendous potential for achieving these goals.

Family Case Study

James is a seven-year-old student whose academic achievement is above average. During his preschool years he received services from the home-based early childhood program for school readiness called Parents As Teachers. He is quiet and seemingly unassuming. However, James is often late for school. Additionally, his clothes are sometimes worn out and often dirty.

There are three younger siblings in the household who are aged four, three, and eighteen months old. Family assessment performed during program intake revealed that two of the three children were lead poisoned but were not receiving regular treatment. It was eventually discovered once services for the family had begun that the same two children were prenatally exposed to crack cocaine.

The family is receiving food stamps and AFDC. Although the home is kept clean, funds are insufficient to maintain all of the utilities. There is no telephone and the electricity is frequently disconnected. Meanwhile, it was later discovered that the mother's chemical dependency needs were absorbing needed resources from the family. Adult members undocumented by the state are living in the home, consuming vital food resources designated for the children and their mother.

The initial referral to the WCCP was made by James' classroom teacher. She was concerned about his frequent tardiness and unkempt appearance. Several contacts with James' mother prior to referral had been made by the teachers. However, no progress was observed regarding James' appearance or tardiness.

During program intake (needs assessment), it was decided among the program staff, school staff, and parent that case management services would be needed. The case manager's role was to initiate efforts to restore the electricity. A family-management budget plan was also developed collaboratively between the worker and family so that funds could be set aside for laundry upkeep. Prior to the plan, the mother had been washing the children's clothing in the bathtub, using a scrub board. Program funds were used to purchase an alarm clock to awaken the mother, who often overslept on many mornings, tired and sometimes intoxicated. Subsequently, the case manager monitored James' appearance, attendance, and tardiness and discovered considerable improvement.

Initially, James' mother admitted to an occasional use of alcohol. However, further worker-family contact revealed a more serious problem. The mother was addicted to crack cocaine and had resorted occasionally to providing sexual favors to acquire needed funds to satisfy her addiction. As a result of the new information, a new needs assessment was made, which attributed James' appearance and school tardiness to the chemical dependency of his mother. After the case manager consulted with the substance abuse counselor, it was determined that a multiple-team approach was needed that would collaboratively integrate the services and service plans of the case manager and the substance abuse counselor. Greater attention would be given to treating the problem of chemical dependency.

The mother's chemical dependency constituted a major crisis and family dysfunction, which was not immediately detected by school or program staff. Initially, what appeared on the surface to be a minor concern centered around James' tardiness and appearance resulting from poor budget management and a mother who overslept turned out to be a major concern couched in chemical dependency and family dysfunction. Subsequently, co-dependency counseling for James was collaboratively recommended by the substance abuse counselor and case manager, approved by the mother, and included into the service plan. James' siblings were considered to be too young at that point to be included in co-dependency counseling.

Meanwhile, James' mother was encouraged to attend counseling sessions for her chemical dependency with the program's substance abuse counselor. Normally, such services would emanate from different service providers and therefore reach the family in a fragmented way. Under fragmented systems, the service plans and goals often conflict, resulting from dysfunctional interagency communications that tend to exacerbate the family dysfunction. Fortunately for James and his family, the case management and substance abuse services and goals were integrated under one major plan, with the substance abuse counselor taking the lead.

The need for a health intervention was additionally identified, which would facilitate family access for the children to receive regular treatment for lead poisoning. The home/school visitor was assigned to assist the family by providing needed transportation to and from the health clinic. After numerous counseling sessions with the substance abuse counselor, inpatient treatment was recommended for James' mother by the multiple-service team. It was much more difficult to convince the mother to accept residential treatment. Initially, the mother denied having an addiction to crack cocaine. She would only admit to occasional usage. However, crack cocaine is highly addictive. Dependency often occurs after initial usage. Eventually, the mother agreed to receive residential treatment.

Because one of the program's goals is to avoid out-of-home placement, a reliable and functional family member had to be identified to become temporary caregiver for the children during the mother's absence. The paternal grandmother agreed to provide the help. Temporary procedural arrangements to ensure the continual receipt of food stamps and AFDC payments during the mother's treatment had to be coordinated with the family's social worker from the Division of Family Services. Written agreements between James' mother and grandmother were drafted, witnessed, and signed to ensure that the grandmother would receive a portion of the funds to assist with food, clothing, and shelter. The case manager coordinated and monitored these activities regularly.

An additional responsibility of the case manager was to monitor James' school attendance, classroom achievement, and participation in the co-dependency sessions. It was also the case manager's responsibility to take measures to ensure the removal of the adults from the family's home whose presence was undocumented by the state.

Once the mother successfully completed her treatment for chemical dependency, relocation efforts for the family were initiated by the case manager at the mother's request. James' mother wanted to move away from the negative influences that might have caused her to begin to use crack again. Placement was eventually found for the family outside the Walbridge catchment area. After the normal duration of one year for case management services had ended, the family's progress was monitored for six additional months. There is no time limit for substance abuse services. Last report indicates that the mother is remaining

drug free. James is getting to school on time and enjoying continued success in school. The younger children have completed their treatment for lead poisoning.

Unfortunately, sustained success is less likely because there is no Caring Communities Program in the family's new area of residence. Only time will tell how well this family will continue to reach improved outcomes. It is evident that similar programs are needed elsewhere. It is likely that the absence of an existing Walbridge Caring Communities Program may have resulted in James' family dysfunction remaining undetected until it reached crisis proportion. With the overwhelming number of children like James in similar school-community environments, it is not likely that the regular school support staff could provide the necessary time, resources, and early interventions to adequately assist such families.

Eventually, community-based services might have been initiated for this family after a crisis developed—if the necessary referral had been made. However, one of the results may have been out-of-home placement for James and his siblings. Currently, the family is still together and James' mother still loves and cares for all of her children.

Measuring Success

The Walbridge Caring Communities Program began in May 1989. Service delivery for children in the context of families began in February 1990, when in-home therapy services were initiated for children at severe risk of out-of-home placement. The months in between these dates were devoted to gathering data, seeking community input, identifying fiscal agents for the pass-through of funds, recruiting and training staff, developing program design, and organizing a local advisory board. Programming that centered around building the village necessary to effectively rear children and improve family outcomes began in November 1989, with weekly youth center activities to prevent drug use and school truancy. Also included in these efforts were bimonthly drug marches that served as a major thrust of the program's drug-trafficking intervention. The overall delivery of services to date has been on-going for the past 32 months.

Program Evaluation

What has been clear from the onset was a need to document the success of the program. Program outcomes were measured by how well the services delivered have impacted the program's goals, which are to keep the Walbridge children:

- Successful in school
- Safely in their homes, avoiding out-of-home placement
- Out of the juvenile justice system

A decision was made by the partners of the public-private collaborative to evaluate the program on the basis of readily available data. To date, the focus has been to measure school success relative to attendance, behavior, work habits, and academic achievement. Students attending school from a similar demographic area were compared to the Walbridge students on the basis of the previously mentioned indicators. Although the evaluation is considered preliminary, relative to both program life span and overall outcomes, the results have been encouraging. Currently, efforts are underway to effectively gather appropriate data relative to out-of-home placements and juvenile justice encounters.

The evaluation focused on the program's process of implementation, services offered, outcomes for children and families, and available data relative to program goals achieved. The period evaluated was from May 1989 through August 1991. Results from this period seem to indicate that children receiving multiple services within the integrated school- and home-based delivery-system services showed considerable improvement in the areas of *academic achievement, work study habits, and behavior.* There were no improvements in school attendance and tardiness. Appendix B presents a brief description of the evaluation, its process, and findings by Philliber Research Associates (1991).

Program Expansion

Currently, efforts are underway to expand the WCCP both vertically and horizontally into a cluster configuration. The ultimate aim is to go to scale by creating systems change. Vertical expansion means tracking students graduating from Walbridge Elementary School with appropriate and on-going services into the middle school. If progress is to continue for the children and families, services must follow them into the next level of educational endeavor. Evidence has indicated that many of the children leaving the "caring community" environment are experiencing losses in areas of critical educational and developmental gains once they enter middle school. Social and emotional adjustment are often difficult even for middle school students who have appropriate familial and community supports. Adjustments are needed because of increasing peer pressure and the schools' expectations of the students to demonstrate increased responsibility and independence.

Horizontal expansion involves providing services at an additional elementary school, which sends its graduating students to the same middle school that the graduating Walbridge students will attend. This school will be located outside the micro-catchment area of the WCCP. Such an effort will expand the geographic boundaries of direct service delivery for the WCCP. It will also strengthen the "village concept" of the WCCP by uniting two parallel school attendance zones under a common strategy and philosophy of service delivery. The cluster configuration will therefore consist of two elementary schools (feeder schools) and one middle school serving both school attendance zones. Currently, an additional cluster is also included in the expansion process.

Recently, an additional private sector partner has joined the existing Missouri public-private collaborative. This partner, who prefers to remain anonymous, has come at a critical time in the expansion process. With a three-year grant to hire two additional directors, the idea of expansion has become a reality. However, program expansion will require more critically needed funds if we are to deliver services to a larger number of children and families.

To offer expansion in the magnitude described, the Missouri collaborative plans to receive federal reimbursements through funding mechanisms administered by the Medicaid section of Missouri's Department of Social Services. It has been estimated that over 75 percent of the children attending both the existing school site and the schools targeted for expansion will be eligible for Medicaid-funded health, mental health, and child-care services, because of recent changes in Missouri's service eligibility provisions. The new private sector partner has facilitated this strategy by providing additional funding to establish a computerized billing and reimbursement system to receive the federal Medicaid reimbursement.

The Missouri public-private collaborative partnership will have to face some difficult challenges in an attempt to create systems change and go to scale with the services-integration model at Walbridge. One critical concern is related to the issue of Medicaid reimbursement. Heuristic approaches will be required to avoid the potential trappings that Medicaid can create. Currently, the services at Walbridge are consumer driven and based on the identified needs of children in the context of families, and families in the context of communities. Within the family-community context, some male adults can receive services through the WCCP. If future services become driven primarily by traditional Medicaid eligibility provisions, a significant portion of the family and community will be excluded from the service-delivery process. There is a dire need for housing, employment, mental health, and substance abuse services for significant numbers of families composed of male adults. Critical funding must be identified and precautionary measures must be taken to provide the needed services for this portion of the population.

Another critical issue constituting a challenge for the expansion process is staff development in the context of existing bureaucratic tendencies. Collaboration constitutes a major paradigm shift from current organizational administration practices. Educational administration is no exception. The bureaucratic tendency to issue one-way communications aimed at goal specificity contravenes the principles of shared decision-making, communication, and vision inherent in collaboration. Consequently, many educators are inexperienced or unfamiliar with the processes involved with parent-school-community collaborative partnerships. These issues, combined with the numerous academic and social challenges confronting teachers, have served to lower the morale of many educators and administrators. Concerted efforts to enhance staff morale through collaborative processes will be time consuming and resource intensive. Staff development must include training for intraagency and interagency collaboration. Therefore, efforts to go to scale must proceed gradually with these issues in mind.

Finally, although the Walbridge Caring Communities Program is the model for expansion, every effort should be made to avoid a replication process that would transplant the exact model design into another school or neighborhood. Each program site should have its own unique design. The implementation process at each site must focus on seeking teacher, community, student, and family input.

Recommendations for Future WCCP Expansion and Replication

In an effort to rethink the initial process of concept formation and services implementation, we need to recall those critical aspects of the WCCP that would be considered "nonnegotiable" for program expansion and replication. This list of nonnegotiables represents what is considered essential to the efficacy of the existing program. We offer them as key parameters within which all future Caring Communities Programs should operate. Nonnegotiables are as follows:

- Services should be student driven, family focused, school- and home-based, operating within the target population's catchment area.

- The list of indicators for "at-risk" schools should be developed collaboratively between the school and service staff.
- Service hours at the school site should be extended so that availability of staff and services for families can be enhanced (consideration for another community school site may be useful).
- Program concept, design, and service delivery should be culturally sensitive and culturally competent.
- Service delivery should involve a global approach, recognizing that the community is to the family what the family is to the child (village concept).
- The initial process of state administrative level collaboration toward services integration should include the hiring of a full-time director to coordinate efforts among the partners.
- The director should be someone who is both familiar with and committed to the success of the families residing in the catchment area (empowerment).
- Program design should develop from the neighborhood community level, with the state providing funding, technical assistance, and moral support.
- Funding should consist of both state revenue and existing dollars to ensure longevity of the systems-change initiative.
- The director should have input into selection and recruitment of service-delivery staff, as a preference over supervising reassigned staff from existing programs and agencies.
- On-going staff development for school and program staff should be aimed at improved, integrated service delivery at the school site.
- The composition of the advisory board should follow the following formula: one-third parents, one-third school staff, and one-third community leaders.
- A user-friendly computerized data collection system should be developed to facilitate the retrieval of outcome data and student tracking, as well as to facilitate Medicaid billing and reimbursement.

These nonnegotiables constitute a few of the most essential aspects of a Caring Communities Program believed to be significant to program efficacy.

Conclusion

An increasing number of educators are recognizing that schools can no longer operate from a closed-systems perspective, in isolation from the family and community. In high-risk neighborhoods, both the family and community constitute external learning environments of the school; and these environments adversely affect the desire to learn for an increasing number of children. Attending our schools are an increasing number of children whose psychological, social, economic, and health-related issues constitute major barriers to school success. The absence of appropriate prevention and early interventions within the school and community increases the prospects of lifelong failure for many individuals and families.

Many school districts and school staff lack critical resources, time, space, and training to adequately address the myriad problems confronting children and families at risk. In addition, a rapidly changing social and economic climate has made it increasingly difficult for service providers and school districts to deliver services that build capacity and improve outcomes for families. Plant closures, unemployment, a recessive economy, job relocations, and two-parent working households are all factors adversely affecting children and families.

Meanwhile, mental health, health, and social service providers search for ways to respond effectively to the growing crises in our cities, towns, and barrios. Declining state general revenues, combined with traditionally fragmented crisis-oriented service-delivery systems, are failing our children and their families. Increased cultural diversity and technological advancement are creating new challenges for families. Service providers must address all these issues.

These issues constitute a few of the reasons why Missouri's initiative to create a collaborative public-private partnership has evolved. Currently, the early indicators for success at the WCCP site in North St. Louis offers a beacon of hope for many children, families, educators, and service providers. Children receiving early intervention services from the WCCP have shown improvements in academics, behavior, and work habits.

The WCCP and programs like it, however, face serious challenges in the future. The state agencies, in partnership with the St. Louis public school system, will need a compatible, computerized data collection system that will facilitate tracking children and families across systems. Easy retrieval of critical data will be

needed to enhance the process of documenting improved family outcomes. Additional funds and resources for expansion must be identified to facilitate program expansion. Meanwhile, a local governance mechanism, accompanied by a "seamless" funding stream, must also be established.

Nevertheless, the current strategy of integrating services within the school and community is working. It serves to enhance program access and use for children and families. Across the United States, similar efforts are being explored and used, with encouraging results. The Walbridge Caring Communities Program is one such example.

References

Blank, M., & Lombardi, J. (1992). *Towards improved services for children and families: Forging new relationships through collaboration.* Policy Brief, Eighth Annual Symposium. (p. 6). Washington, DC: A.I. Mailman Family Foundation, Institute for Educational Leadership.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* (pp. 6-7, 10, 23). Washington, DC: Education and Human Services Consortium.

Children's Defense Fund. (1990). *Children 1990: A report card, briefing book and action primer.* (pp. 26-27). Washington, DC: Author.

Comer, J. (1980). *School power: Implications of an intervention project.* (pp. 18, 21). New York, NY: Free Press.

Council of Chief State School Officers. (1989). *Family support, education and involvement: A guide for state action.* Washington, DC: Author.

Ellison, R. (1947). *The invisible man.* (p. 3). New York, NY: Vintage Books.

Gibbs J.T., et al. (1988). *Young, black, and male in America: An endangered species.* (p. 26) Dover: Auborn House Publishing.

Glickman, C.D. (1990). *Supervision of instruction: A developmental approach.* 2nd ed. (p. 14). Needham Heights, NY: Allyn & Bacon.

Isaacs, M.R., & Benjamin, M.P. (1991). *Towards a culturally competent system of care.* Vol. *2* (pp. 6, 14, 16). Washington, DC: Child and Adolescent Service System Program.

Phillibber Research Associates. (1991). *The Caring Communities Program: A preliminary evaluation of progress.* New York, NY: Author; Accord.

Project Respond. (1991). *Addressing the needs of St. Louis children at risk: A report to the community.* (pp. 46-65). St. Louis, MO: Public Policy Research Centers, University of Missouri-St. Louis.

Schafer, K. (undated). *A Caring Communities approach to designing responsive community based programs: 1990.* Photocopy, unpublished manuscript (p. 1).

Wilson, F.C. (1986). Equity in education: A low priority in the school reform movement. (Reprint). In E. Chunn & W. Smith (Eds.), *Black education: A quest for equity and excellence.* (p. 28). NJ: Transaction Publisher.

Appendix A

Glossary of Terms

At-risk: a psychological, social, educational and/or health-related circumstance resulting from dysfunctional internal family support systems, fragmented external human service-delivery systems, and rapidly changing family, social, and economic conditions. As a result of these circumstances, children and youths are less likely to become or remain successful in school; less likely to remain safely and productively in their homes; and more likely to have contact with the juvenile justice system.

Collaboration: a process to reach goals that cannot be achieved singly (or at a minimum, cannot be reached as efficiently). As a process, collaboration is a means to an end, not an end in itself. The desired end is more comprehensive and appropriate services for families that improve family outcomes (Bruner, 1991, p. 6).

Cultural competence: culture is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. . . . Competence is used because it implies having the capacity to function in a particular way: the capacity to function within the content of a culturally-integrated pattern of human behavior as defined by the group. Thus cultural competence was defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross cultural situations (Isaacs & Benjamin, 1991, pp. 15 and 16).

Appendix B

Evaluation and Findings by Philliber Research Associates

Figure 1 shows the structure of the Walbridge Caring Communities Program staff. The interrelationships among the agencies collaborating in this Program are visible here, as are the Advisory Board and the Interagency Team. Each major service component has a coordinator or supervisor, but the interrelationships with school personnel are also evident.

Service Achievements

Since its beginning in 1989, the Walbridge Program has served several hundred children and households with interventions ranging from anti-drug /cultural classroom presentations to intensive case management (see Figure 2). In fact, families served by the Walbridge Program rarely received only one of the individualized services listed. Those families who are case managed are also often recipients of substance abuse counseling, day treatment, or other interventions. Nevertheless, the number of families receiving services of some kind still numbers in the hundreds, with the number of individuals having been served being over 2,000.

Program Outcomes

For purposes of this evaluation, data were sought in all three outcome areas in which the Walbridge Program seeks results. While data could be obtained from the school on academic progress among children served, data were less readily available to make progress in maintaining home placement for children or in lessening their involvement with the juvenile justice system. Data were particularly lacking on this latter outcome.

Early analysis of these data suggested that the most dramatic improvements were made by the students at Walbridge who received in-home therapy or case management services. However, the impact of the other services at Walbridge appeared to be less clear cut. Thus, this analysis separates those receiving the more intensive services from other children at Walbridge and attempts to compare these two groups of children with children from the comparison school.

Unfortunately, as Figure 3 illustrates, the three samples are not well matched in a variety of ways. The children who received case management services at Walbridge are younger and in lower grades than either the other children at Walbridge or the children from the comparison school. In addition, the case managed children are more likely to be boys. However, there is a clear indication that the children who received in-home therapy or case management services were at highest academic risk. Their overall grade average (tabulated on a four-point system, with A = 4, etc. to F = 0) was lower than that of the other children at Walbridge and lower than the average child at the comparison school.

Still, the nonequivalence of the three groups of children makes it difficult to fairly compare their progress. Moreover, the limited amount of grade data available, especially on Walbridge children, makes our samples small. For example, out of the 47 children identified as receiving in-home therapy or case management services at the school, sufficient data to track their academic progress was available only for 28.

In spite of all of these data problems, Figure 4 shows the percentage grade improvement made by each of these three groups of children. This is calculated by subtracting the first grade available for a child from the last one, dividing by the first grade and multiplying by 100. Such a procedure takes into account the different starting points of each child but does not control for their age, gender, and grade level differences.

Figure 4 shows that the improvements made by the case managed children at Walbridge were twice as great as those made by children at the comparison school.

Because it is worrisome that age differences in the three samples may account for these findings, the analysis was repeated for three subsamples of children, all of whom were the same grade level in 1991. Figure 5 shows the percentage of overall academic improvement between two points in time for these three subsamples. Among those children for whom we have academic data from 1989 to 1991, and all of who were in grade 5 in 1991, the case managed children showed a 198% increase in their academic averages, or over three times the improvement of the comparison school children. Other children at Walbridge improved 167%, or over twice the improvement of comparison school children of similar age. Unfortunately, in this subsample the number of case managed children was only 7.

The second sample in Figure 5 includes primary children for whom we only have data for 1991. Among these children, 14 of whom are case managed, there was a 26% improvement in grades during the year among both the case managed and the other Walbridge

children, an improvement that is 1.4 times higher than for similar children at the comparison school.

Finally in Figure 5, data are shown for 93 children, all at Walbridge, for whom we have two years of primary school grade information (no similar information was obtained from the comparison school). Once again, however, the substantial improvements among those children receiving case management are evident.

Overall, then, these three analyses, which control age differences among the children in these samples, suggest that the greatest improvements were made by the Walbridge children who received case management or in-home therapy services. In addition, the other children at Walbridge showed greater improvements than did the comparison school children. Moreover, in the samples of children for which data are available for more than one year, greater improvements are evident.

The data set also permits examination of changes in specific components of the academic score. While these detailed data are not shown here, when reading, math, social studies, and science progress are examined separately in these samples, the children receiving the most intense services make greater improvements than the other children almost uniformly. Figure 9 shows improvements in grades on work habits among the three age matched subsamples, for example. Except for a decline in these grades among the "other children" at Walbridge in the 1990 to 1991 primary sample, the pattern is once again that the in-home therapy and case managed children show the greatest gains, followed by other children at Walbridge.

The data improvements in school attendance are not consistent with these patterns, however. On average, both the case managed and the other children at Walbridge are attending school fewer days during the second year for which data are available than during the first. Among the 1989 to 1991 sample of children, for example case managed children attended school 16 *fewer* days on average than they did in 1989, and other children at Walbridge attended 4 fewer days. By contrast, the comparison school's children in this age group attended school 12 *more* days in 1991 than in 1989. It is not readily apparent why children can improve their grades so substantially in spite of increased absenteeism. Still, these samples are small and thus, the data are not easily stable.

Overall, then, these preliminary data on academic improvement among Walbridge Students and a group of comparison students at the comparison school suggest the following:

- Those children receiving case management and in-home therapy services at Walbridge are clearly those most at academic risk.
- Large and consistent improvements in academic performance are evident among the children at Walbridge who received in-home therapy or case management services.
- When age is controlled, the other children at Walbridge also show improvements that are generally greater than the comparison school students.
- The improvements shown by children are greater the longer they are tracked.
- These findings are generally true for subareas of academic progress, although they are exceptions.
- There is no consistent evidence that the Walbridge services are making a beneficial impact on school attendance

Source:
Phillibet Research Associates. (1991). The Caring Communities Programs: A Preliminary Evaluation of Progress (pp. 10-18). New York, NY: Author; Accord.

Figure 1
The Structure of the Walbridge Caring Communities Program

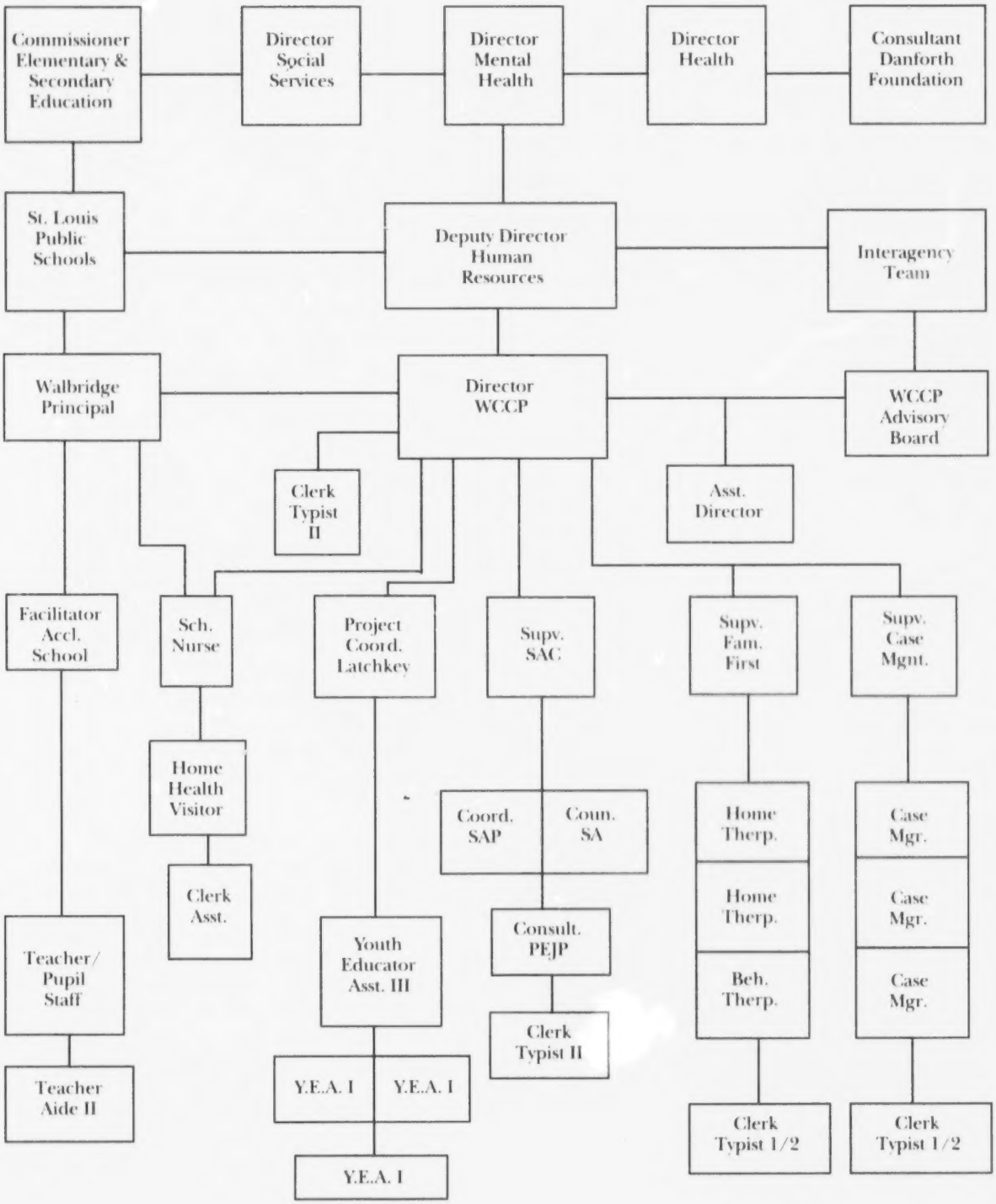


Figure 2
Services at the Walbridge Caring Communities Program: Through August, 1991

Program Component	*Households Served*
Substance Abuse	24
Tutorial	129
Families First	28
Case Management	66
Day Treatment	35
Parenting Program	42
Youth Development and Recreation*	63
Anti Drug Task Force	132
School Assistance	full school coverage
Latchkey	52
Pre-employment Training**	42

* Average bi-weekly attendance of youth ages 5-19
**Temporarily suspended due to unavailability of jobs.

Figure 3
The Characteristics of Children in the Outcome Data Set

Characteristic	Walbridge-Case Managed Students	Walbridge-Other Students	Comparison School
Average Age	8.4	9.2	10.0
Average grade in 1991	2.2	3.2	4.0
Percent male	70%	50%	50%
Average academic average before services	1.46	2.18	1.97

Figure 4
Walbridge Caring Communities Changes in Overall Academic Average

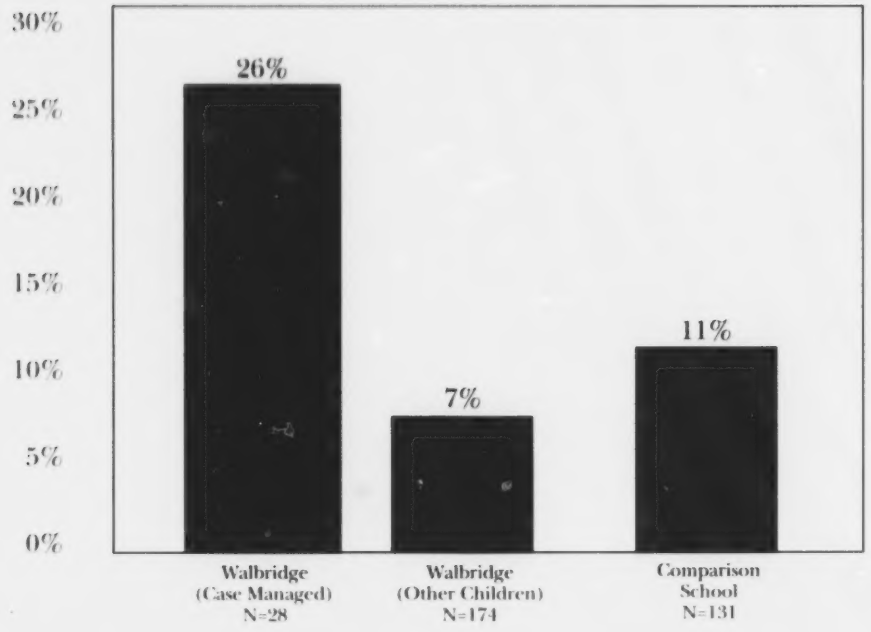


Figure 5
Changes in Overall Academic Average Among Three Subsamples of Children: All Same Age

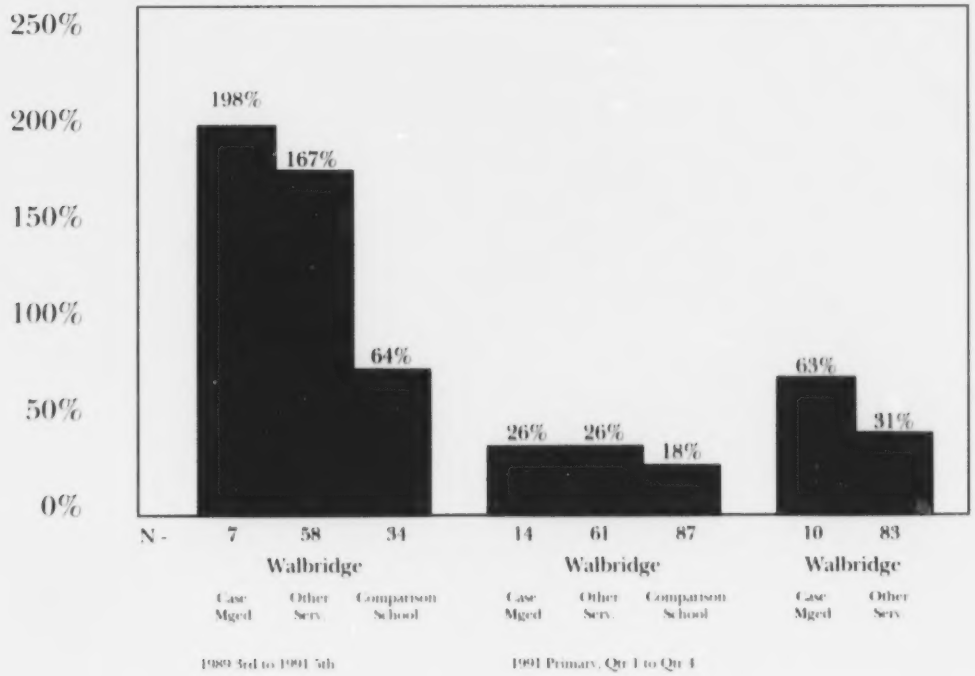
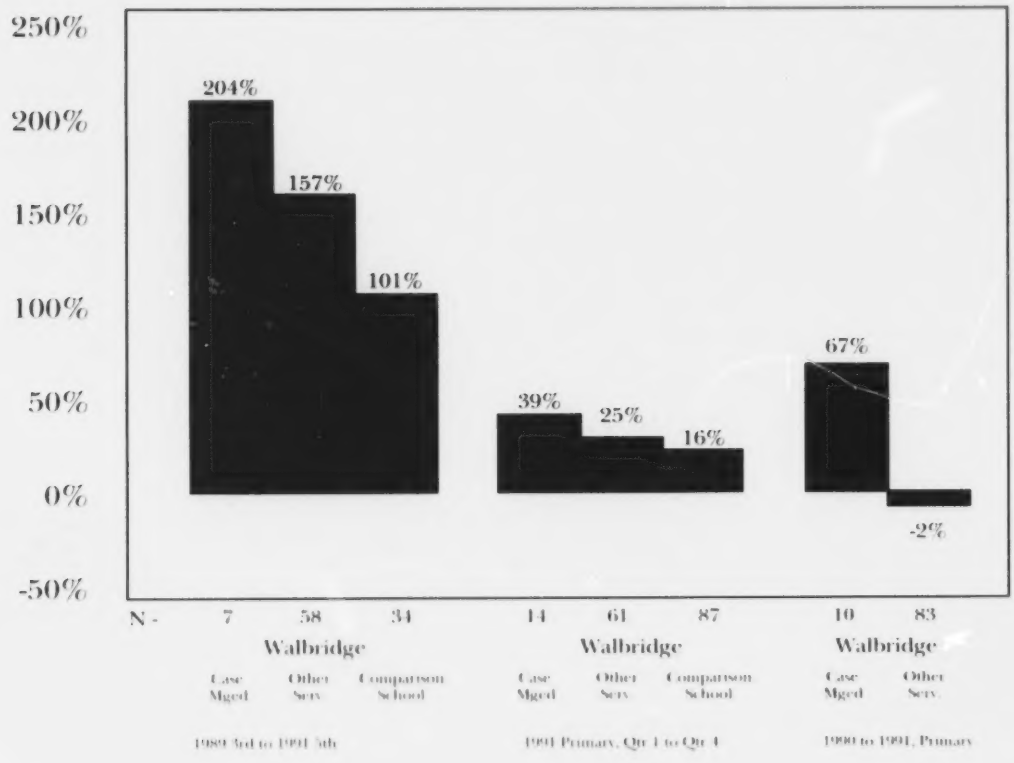


Figure 6
Changes in Work Habits Among Three Subsamples of Children: All Same Age



Student Success Through Collaboration

A Policy Statement of the Council of Chief State School Officers

November 1992

Introduction

The Council of Chief State School Officers has adopted "Student Success Through Collaboration" as our priority for 1992. During the past decade, the Council has endeavored to improve the quality of our nation's public education system, with the goal of ensuring success for all students in our schools. Our efforts to restructure the nation's schools are guided by a concern that all children be afforded the choices and opportunities they need to thrive in our society.

As educators, we recognize that a strong investment in high-quality education is essential if we are to prepare our children for productive employment, healthful lifestyles, knowledgeable and contributing citizenship, strong family formation, and other adult responsibilities. However, if all children and youth are to develop the skills and competencies they need to assume these adult responsibilities, our national investment in the development of children and youth must transcend the school's traditional focus on cognitive development. We must redefine what we mean when we speak of "student success" and broaden our understanding of education to encompass children's continuing intellectual, physical, emotional, and social development and well-being.

As we have worked to expand the options and support available to all students through improved education, we have studied factors external to the education system that also affect the life chances of children and youth. Ill health, poor housing, family disorganization, inadequate nutrition, poverty, substance abuse, insufficient child care, and unsafe streets all imperil our children's wholesome development as surely as does ineffective education.

The needs of today's students are many and complex. Distressing statistics illustrate the unacceptable numbers of children and families who face situations that threaten their immediate well-being and put them at risk of long-term disadvantage. More than 12 million children live in poverty. Half a million children are born each year to teenage parents. More than 50 percent of all children are projected to live in a single-parent household at some point in their youth. Two million children per year are reported abused or neglected. Nearly 1.5 million children live outside their families.

Any of these facts is itself cause for great concern. Even more troubling is the insidious relationship among many of these problems. Teen parents are rarely equipped for family and adult economic responsibilities. Over half of all mothers receiving Aid to Families with Dependent Children had their first child as a teen. Only about half of teen mothers graduate from high school. Female-headed households are vulnerable to poverty. A growing body of research makes clear the correlations among these negative outcomes; for many families these problems are interrelated and multigenerational. Poverty alone is a great and far-reaching source of risk.

Although no risk factor makes school failure or long-term dependence inevitable, such bleak circumstances pose formidable barriers for millions of young people and their families. Education has traditionally been considered a means of escape from poverty and dependence; however, the same conditions that impel a family to seek help from a social service agency have the potential to negatively affect a child's performance in school.

Despite major reforms in organizations that serve children and families, the sum total of institutional response to these problems has thus far been inadequate. To some extent, our shortcomings can be attributed to a lack of essential services. For instance, 20 percent of children are not covered by health insurance. Less than half of the disadvantaged children who could benefit from educational assistance provided through Chapter 1 receive services. Foster

care reimbursement rates fall far below the cost of rearing a child. Employment and training services under the Job Training Partnership Act serve a small number of eligible youth and provide an average of only 18 weeks of training. Yet even in times of recession and budget cutbacks, a large portion of public expenditures is devoted to a wide array of programs and services intended to benefit our nation's young people.

Unfortunately, as a nation we have constructed systems of institutions and organizations that taken as a whole do not yield a favorable return on our investment in children and families. Seldom are the "people-serving" systems equipped to respond to the multiple and interrelated needs of many children and their families. Some, like our child welfare system, were originally designed to intervene once a child or family exhibited signs of severe distress, and now are constrained by limited resources from initiating the prevention services leaders in the field advocate. In general, systems do not react to early warning signs, but respond to failure or crisis, when it is much more difficult and expensive to make a difference. There is little investment in preventive or developmental services that strengthen the capacities of children and families to help themselves, thus averting the need for acute, problem-oriented services.

Unlike public education, most social services are not universally available, even when there is demonstrable need. Who can be helped and what help is available is generally determined by stringent eligibility rules and program definitions. When systems can intervene, their objectives are often narrow and modest, ignoring related problems.

To make matters worse, most of these systems function in isolation, apart from the education system and each other. Interventions tend to deal with parts of problems, rather than whole children and families. Schools alone cannot meet the myriad human service needs of young people and their families; welfare and social services may momentarily mitigate a crisis, but cannot promise a hopeful future to those who lack the abilities demanded by the job market. Yet there are few existing mechanisms to identify those in need and ensure that they are aware of, have access to, and benefit from resources that are available to help them.

If all children and youth are to flourish, as a society we must do a better job of publicly supporting families and communities, as well as institutions like schools. Our families, communities, and institutions have a combined responsibility not only to meet children's basic needs—material ones such as food, shelter, and access to medical care, as well as abstract ones like a sense of safety, belonging, and participation in caring relationships—but also to prepare them for a productive and rewarding future.

Recognizing the Needs of Children and Their Families

In normal development, most children's needs are met, and young people are equipped for adult responsibilities through the acquisition of a range of skills and competencies, including:

- ***Health and Physical Competence***—good current health status and the knowledge, attitudes, and behavior that will ensure a healthful lifestyle.
- ***Personal and Social Competence***—intrapersonal skills, including self-understanding and self-discipline; interpersonal skills, including the ability to work with others, communicate, cooperate, and negotiate; coping skills; and judgment skills.
- ***Cognitive and Creative Competence***—broad base of knowledge; ability to appreciate and participate in creative and artistic expression; good oral and written language skills; problem-solving and analytical skills; mathematical skills; and ability and interest in lifelong learning.
- ***Vocational Competence***—understanding and awareness of vocational options and of steps needed to act on vocational choices; adequate preparation for chosen career; understanding of the value and function of work in our society.
- ***Citizenship***—understanding of the history and values of one's nation and community; participation in efforts that contribute to the nation and community; appreciation of and respect for cultural diversity.

Children develop these competencies within their families—if they have strong, supportive families—and through opportunities available in the community. These opportunities include participation in group activities; associations with peers; moral and practical guidance; access to role models; activities that cultivate knowledge, skills, and physical, emotional, and intellectual growth; and situations that develop the ability to act autonomously and in cooperation with others.

Responsibility for providing rich and varied opportunities to develop the full range of essential skills and competencies is not the school's alone. Learning and development take place and are affected as much by what happens in as out of school. All children and youth need access to diverse developmental opportunities in their homes, neighborhoods, and schools. These opportunities can be provided through organized sports and recreational activities; art, music, and

cultural enrichment activities; hobby pursuits, volunteer service, and scouting and other club activities; and summer job programs and other chances for exposure to the world of work. We call on schools to join with families and a variety of public and private agencies to make such opportunities universally available.

Some children and families also have exceptional needs, which may require more intensive responses to ensure ongoing healthy development and success. Children and youth who are ill or have physical or mental disabilities, learning disorders, or behavioral problems often need individualized interventions. Families in distress may need assistance providing basic care, comfort, and nurturing to their children, including financial and other help arranging for basic necessities and services, such as shelter and medical care.

As educators, we share responsibility for preparing our nation's youth for adulthood with families and numerous agencies and organizations. These groups include public and private human services agencies, the public health system, private health care providers, the courts, religious organizations, institutions of higher education, and other national and community-based nonprofit organizations. We believe that working jointly to support the development of children and youth is the most effective strategy for the prevention of youth problems and the achievement of our educational goals. Together we must ensure the availability of opportunities and services that promote the general development of all children, as well as services designed to respond to the specific needs of children and families experiencing difficulties. Seen in these terms, student success is the responsibility of the entire nation and will require concerted action by all institutions serving children and families.

A great deal of experimentation in the area of school-community collaboration has begun. Although this rich base of activity is promising, much work remains if collaboration among education and other organizations is to truly enhance our investment in children's sustained development and success. Many education policymakers and practitioners are poised for action, but practical questions remain about the role of schools and the usefulness of collaboration in ensuring that all children reach their full potential. This statement of policy sets forth principles and strategies that address these unanswered questions.

Establishing A Common Vision for Children and Families

To leverage our investment in education and other children's and family services to the greatest extent possible, every societal institution that touches the lives of young people must be held accountable for helping them develop the skills and competencies they need to succeed as adults. Under our current system, responsibility for the well-being of children and their families is fragmented. Overlapping and often conflicting purposes define the individual policies and practices of different institutions serving children and their families.

We cannot afford to let children and their families receive discrete, unconnected services from a number of agencies or organizations working in isolation of each other. All too often, these agencies are unaware that they could be working together to address difficulties and help children and families acquire skills that will help ensure that problems do not grow worse or recur. We can no longer tolerate interventions with conflicting goals. Is it any wonder that a teenager who discovers that income saved from a summer job may disqualify her family from receiving food stamps and Medicaid becomes confused about the value of work in our society?

Forging agreement on the positive outcomes we want our young people to attain is a necessary first step in the process of bringing coherence and continuity to the myriad efforts to support children, youth, and families. We must collectively define the goals we have for young people and their families and develop indicators to help us measure whether we are achieving those goals. Once we have established this common vision, we must critically examine the policies and practices of the institutions and organizations that work with children, youth, and families to ensure that these practices help develop the skills and competencies children need. We cannot allow goal-setting to be a purely rhetorical exercise. Articulating the outcomes will do us no good if we do not change the mandates, missions, programs, and practices of institutions that serve children, youth, and families.

Changing the Way We Support Children and Families

To improve the lives and life chances of all children, we must make changes in our classrooms, neighborhoods, and homes. All institutional systems of service—education, health, social service, and juvenile justice—must work with every community to see that the necessary support and developmental opportuni-

ties are available. We must launch aggressive local efforts to ensure that agencies and organizations concerned with children and families are meeting their basic needs and building the competencies they need for success in our society. These efforts must be community based and administratively decentralized if they are to meet the diverse and changing needs of our nation's children and families.

All levels of government, however, have critical roles in bringing coherence, quality, and equity to the support services and developmental opportunities communities make available to children and their families. Transformations in the way agencies and organizations interact with children and families simply will not occur on a broad scale without changes in the way these entities are funded, regulated, and held accountable. There will always be examples of local innovation and exemplary practice that occur despite normal bureaucratic procedures. But within our large public systems, effective programs remain the exception, not the rule. Most of our systems contain incentives that undermine the hallmarks of effective programs: comprehensiveness, intensiveness, a family and community focus, flexibility, frontline worker discretion, and an emphasis on mutual trust. Categorical funding, large caseloads and classroom sizes, outmoded traditional ways of running large agencies, training professionals and assuring accountability, and other standard bureaucratic operating procedures hamper the efficacy of local efforts to support children and families. Only by modifying the functioning of large bureaucratic systems, which control the ways in which support and opportunities are provided locally, do we stand the chance of effecting changes in our classrooms, clinics, courts, and neighborhoods on a scale that will ensure success for all children, youth, and families.

Both public and private institutions and organizations serve children and families. Although publicly funded agencies have the lion's share of resources, they have much to gain by building partnerships with private, nonprofit organizations. These agencies and organizations offer services that bridge gaps in a community's ability to support families and offer opportunities for youth development. To ensure that public funds being spent on children and their families have the greatest impact possible, the public sector has a responsibility to involve voluntary and nonprofit organizations in efforts to build supportive communities.

The Challenge

The National Education Goals set ambitious standards for all our schools and students. To achieve those goals collaboration is essential. We must meet a broad range of student needs through a wide range of services and agencies. Prenatal care, parenting education and family support programs, and access to quality health services will increase the likelihood that all children are ready to enter school. As we prepare all students for productive work, employers must join with schools and other community organizations to provide expanded opportunities for work-based learning and develop programs for the transition of youth to initial employment. Clearly, it is in educators' self-interest to be integrally involved in understanding and developing policies and programs that are tangential to the education system.

Such collaboration, however, goes beyond self-interest. Educators play a primary role in preparing our nation's young people for adulthood. Schools are the most universal public institution that has sustained contact with children and youth. Thus, educators must reexamine their own policies and practices to ensure that our schools provide a broad range of developmental opportunities for children and support families to the greatest extent possible.

This does not mean schools need become comprehensive service providers. Schools can change internally in many ways and reach out to other institutions, without single-handedly taking responsibility for ensuring the well-being of all children and families. Educators must continue to restructure the nation's schools so that all students develop needed academic skills and competencies.

On the other hand, schools must also contribute to developing other skills and competencies youth need for sustained success in our society. Health and physical education generate knowledge, attitudes and behavior that promote healthful lifestyles. Civics classes and service-learning opportunities encourage active citizenship. Cooperative learning and other group activities foster interpersonal skills and hone students' abilities to develop friendships, work collegially, communicate, and negotiate. Many schools are preparing students for the world of work by providing an early and ongoing orientation to vocational options and what constitutes adequate preparation for different careers. These opportunities can no longer be considered secondary to school's primary goal of fostering academic achievement. Schools must strengthen and expand their ability to address the mental, physical, and social development of all children.

In addition to taking a critical look at the nature of schooling, educators must also view the school as a potential point of contact for children and families in need of support and services that can be provided by other agencies and organizations. It is imperative that a school-linked system be put in place. Schools are well-established institutions with ties to all local neighborhoods and communities, municipal structures, and state government. Every community in America has a school, and to some extent the school is already connected to many of the resources that must be employed in a communitywide effort to support families and improve outcomes for children and youth. Yet, schools should not necessarily govern or administer such collaborative efforts. In fact, it would be a grave mistake to assign responsibility for the entire range of children's and family services to school systems that are in many cases already struggling with their basic mission.

The notions of school-linked and community-based support systems are not inherently in conflict. A wide range of agencies, organizations and citizen groups must contribute the expertise and resources to better support children and families. In addition to the school's unparalleled access to students and families, there are other advantages to the school's substantial involvement in such efforts. For example, where school facilities are underused, they can be used to meet other community needs. Moreover, providing certain services at or near the school site—day care for teen parents for example—can help keep young people in school. Making support services available to all students at or near the school site can also lessen any stigma associated with seeking assistance, thereby increasing access to and use of prevention services.

The participation of a broad cross-section of the other major community agencies and organizations is equally essential. By joining the resources of the school with those of other groups at or near the school site, the community expands both the number and the nature of supportive services and developmental opportunities easily available to families and their children. Social service agencies possess the talent and resources to give assistance that schools are not equipped to provide. Community agencies that support youth development—clubs, recreation and sports organizations, and religious organizations—complement schools not only in available services and activities, but also in structure and function. Young people attend voluntarily, have more freedom to choose activities and progress at their own pace, and can attach to the people within organizations for longer periods of time and in more complex ways than is possible in schools. Private and corporate sector involvement can bring increased resources and add greater visibility and legitimacy to efforts to support children and their families.

Care must be taken to ensure that school-linked efforts do not result in schools interfering with or duplicating the efforts of other community groups. All community institutions and agencies serving children and their families must engage in strategic, long-term planning to ensure that no institution's agenda or organizational needs dominate collaborative efforts. True collaboration requires sharing resources, authority, and leadership to achieve goals unattainable without collective action.

Principles

Our strategies for ensuring student success through broad and deep collaboration among all agencies, institutions and individuals who touch the lives of children are guided by the following principles.

We must define the outcomes we seek for all children in positive terms and align actions to achieve those positive objectives.

All too often, we articulate goals in terms of preventing some sort of problem or ameliorating some risk factor. Forging a consensus about the positive outcomes we want our children to achieve is the first step in ensuring that all agencies and institutions involved with our young people are doing more than social "triage." Responding to problems that have already manifested themselves, while necessary, is too little, too late. At a minimum, positive outcomes must encompass the acquisition of the knowledge, skills, and abilities needed for sustained success in our society. A beginning list of these necessary skills and competencies includes health and physical competency, personal and social mastery, cognitive and creative ability, vocational accomplishment, and engagement in the work of citizenship.

Systems that serve children and families in our nation provide only services for which they are held accountable. Requiring these agencies and institutions to examine their policies and procedures in light of desired positive outcomes will go a long way toward ensuring that they are actually furthering the well-being of children and youth and helping prepare them to succeed in life. Every institution concerned with children and youth should be able to demonstrate how it is contributing to the development of the full range of competencies.

Educators must contribute to an effective system of supports for children and families that will ensure that all children are able to achieve these positive outcomes.

Every community should develop a school-linked support system for children and their families. School-linked support efforts must go beyond co-locating available services. Integration of services may solve access problems by bringing services together in a convenient location, but does not change the fundamental nature or quality of the supports available to children and families. To ensure that these systems are effective and lead to improved outcomes for young people and their families, school-linked support systems must be:

- *Responsive to the Cultural, Ethnic, and Economic Diversity of the Community.*
Communities should structure efforts to more effectively meet the needs of children and their families, not to meet the needs of bureaucratic structures. Available services must be sufficient in kind and number to foster the healthy development of all youth and meet the multiple needs of children and families in distress. Moreover, communities should involve those being served in planning what services will be offered and how they will be delivered. Responsiveness is enhanced when efforts are collaboratively designed and administered by public and private family-serving institutions, including citizen groups. Convening the major public and private entities in a community—the schools, social services, health care providers, and religious and other community-based groups—increases both resources and expertise available to meet identified community needs. The involvement of a broad cross-section of community agencies and organizations also has the potential to raise public awareness of the goals of the effort and how well those goals are being met.

- *Flexible.* To meet the diverse needs of children and families, as well as the needs of the community as they change over time, systems must be flexible. Staff working with children and families must be encouraged to adapt interventions to individual circumstances, rather than rigidly adhering to standardized procedures. They must have extensive knowledge of available community resources and an inclination to work across agency and organizational lines to ensure children and families are connected with those resources. Flexible support means providing services at places and times that are convenient to families. Services should be available at the home, the school, or a neighborhood center, before and after work. Increased flexibility must be accompanied by a shift to outcome-based accountability to allow maximum discretion in how children and families are supported, while ensuring that agency and organizational goals are achieved.

- *Prevention-Oriented.* Our current system of supports is structured to provide support only after problems have become severe. We must be capable of responding to families in crisis, but we must also focus on preventing serious problems from occurring and move beyond problem prevention by providing positive developmental opportunities for all children. Support systems must be built or restructured to meet the basic, developmental needs of all children and also be able to respond to specific problems of children and families in more serious trouble.

- *Family-Centered.* It has been said that the best social program is a strong family. School-linked support efforts must help families fulfill their responsibilities for nurturing their children. Problems confronting parents often affect their children-and the converse can be true as well. Even multiple services offered to an individual may not be helpful if the needs of other family members go unmet.

All families are in need of support at some time. Support for families can range from help in finding quality child care, to literacy training, to assistance in obtaining basic necessities such as food and clothing, depending on community needs and individual family circumstances. Some families will need intensive supports—income support, family counseling, parenting education, drug rehabilitation, and job training—to solve pressing problems and build the skills necessary to ensure that problems do not grow worse or reoccur. The objective is not to supplant families and informal community supports but supplement them when and where necessary to ensure that all children achieve at high levels.

Educators must integrate efforts to support families and better meet the developmental needs of children and youth into efforts to restructure schools.

The goal of restructuring schools is to improve learner outcomes. To achieve this end, educators must critically examine the nature of schooling to make our education institutions more responsive to students' needs. Efforts to restructure schools must take into account the necessity of working with the community to create an overall environment that is conducive to learning and that prepares youth for employment, family formation, and other adult responsibilities. Changes in school governance, curricula, professional roles for educators, accountability mechanisms, and the quality of interactions with families must occur if we are to rise to the challenge of creating such an environment.

These changes must take place as part of a larger national effort to ensure equitable opportunities and outcomes for all children.

Efforts to support families and ensure positive outcomes for all children and youth will be successful only if we undertake them in the context of a society that is willing and able to afford all children the rich and diverse developmental opportunities and choices they need to succeed in life. Making such support services available will require investing scarce public funds equitably and fairly.

As a nation, we must develop a consensus about what we consider to be a reasonable investment in families and children. We must make a commitment to allocate resources in a way that will ensure all children and youth achieve the same high levels. Our national economic, education, employment, health, housing, and human service policies must support the provision of extra, but necessary supports to certain individuals in order to ensure all succeed. In some cases, unequal distribution of resources will be required to achieve equitable results.

Strategies for Change

To make the most of our investment in the education of our nation's children, educators must work collectively with all those who touch the lives of children to ensure they are afforded the opportunities and support needed to become productive, contributing members of society. State education agencies can demonstrate their commitment to the principles described above by embracing the following strategies.

- ***Cross-Sector, Outcome-Based Accountability.*** We need new systems of interagency accountability for outcomes such as high-level learning and the attainment of other competencies crucial for success in American society. Educators are making great strides in developing accountability systems to ensure that all children are achieving academic competence. However progress toward measuring the acquisition of skills and competencies in other critical areas is lacking. Currently we cannot easily track whether our children are becoming good citizens, adopting behaviors that will ensure future health, or developing an understanding of the value and function of work in our society. Without good indicators of progress toward these desired outcomes, accountability remains elusive. Ideally, every community should have a system for holding schools, human service agencies, and other community organizations accountable for seeing that their combined efforts result in the achievement of agreed- on positive outcomes by *all* youth. In many cases, accountability will entail revamping data collection, eligibility, and intake systems to assist agencies and organizations in jointly tracking outcomes for children and families.

- ***Creative Strategies for Financing Children's and Family Services.*** We must develop financing strategies that support the delivery of comprehensive, school-linked services for families and diverse developmental opportunities for all children. This will entail redeploying existing funding to meet the goals of a school-linked strategy. Public dollars must be employed to prevent problems before they happen as well as to provide developmental opportunities for children before they have earned the label "at risk." Funds must also be freed up for use as "glue" money for planning and administering comprehensive support and development programs that will almost certainly rely on categorical funding. Efforts to use federal funding streams to refinance services currently paid for with state and local funds must be pursued to the fullest extent possible. Financing strategies must be reviewed to assess potential increases in funding, consistency with program goals, and added administrative burden. Any money saved—for instance, by drawing down federal funds, eliminating duplication of services, preventing problems from becoming full-blown and expensive crises, or streamlining costly administrative processes such as determining eligibility—must be reinvested in additional services and for serving additional children and families.

- ***Local Governance Structures.*** We must establish ongoing, interagency mechanisms for developing and implementing coherent, cross-sector strategies to achieve challenging goals and positive outcomes for children and families. To ensure that available resources are used effectively to support children and families, communities must identify or establish a local authority, spanning education, human service, and community organizations. Such a governing body should be responsible for forging agreement on desired outcomes for children and families, developing new support systems and developmental opportunities to help achieve those outcomes, coordinating fiscal strategies and resource allocations to provide support, and holding agencies and organizations accountable for achieving agreed-on goals.

- ***Professional Development.*** We need new systems of training at all levels to ensure that teachers and other frontline workers, administrators, and policymakers are able to transform the present system. School-linked support systems will require a cadre of individuals who are able to build trusting relationships with children and families, work comfortably across professional boundaries, and exercise discretion in respond-

ing flexibly to the needs of children and families to achieve desired outcomes. Administrators and policymakers will need new fiscal, management, and accountability expertise if they are to create environments that will allow more effective and comprehensive support and development systems to thrive. Institutions of higher education must ensure that their programs produce professionals with these needed capabilities. Schools of education, public health, social work, and other professions should develop a common core of training for all those entering professions that serve children and families. However, this alone will not be sufficient. Public and private agencies must also change their expectations of professional conduct. These changes in expectations must be accompanied by a new capacity to assist current employees in developing the skills necessary to function in systems that are reoriented to reach specific, positive outcomes for children and families through flexible means.

- ***Changes in the Nature of Schooling.*** Schools should reevaluate their policies and programs and change them where appropriate to reinforce the goals underlying the provision of support to families and increasing developmental opportunities for children. For instance, the availability of health services should be accompanied by a comprehensive K-12 health curriculum that provides students with the knowledge and skills they need to develop health-enhancing behaviors. Health services and education should be reinforced by a healthy school environment, which includes a psychological climate conducive to learning and a safe physical surrounding. Another curriculum change might involve providing community service learning opportunities. Service learning provides for closer connections between the quality of learning and the quality of life in the community by providing experiential learning opportunities, while transforming students into community resources. Another change involves connecting school and employment. Schools must provide appropriate curricula, resources, and learning places, as well as increase their accountability for the level of students' readiness for work, if job-training and employment services are to be effective.

- ***Interactions with Families.*** Schools must be able to work in partnership with families in a supportive, culturally competent manner that builds on families' strengths. If school-linked efforts to support families are to be effective, schools and other participating agencies must look critically at the assumptions that underpin the way they interact with families. It is not enough to simply recognize cultural and linguistic diversity; schools must accommodate and respond to the values and cultures of the families they serve. Staff attitudes and expectations may need to change, to create school environments where families feel that their contribution to their children's education is valued.

- ***Youth Development Opportunities.*** Diverse opportunities for developing competencies that complement and reinforce academic competencies must be available to all youth. The purpose of providing these opportunities must go beyond remediating or even preventing problems—such as school failure, substance abuse, and teen pregnancy—and embrace the development of positive behaviors, such as community service, regular physical activity, leadership skills, and artistic endeavors. Schools must offer these developmental opportunities to the greatest extent possible. Schools can provide opportunities for participation in music, sports, art and drama; chances to take on meaningful leadership roles in the school community; opportunities in the classroom to develop problem-solving, communication, conflict-resolution, and decision-making skills; and opportunities for seeking guidance from caring adults. Where it is impossible for schools to offer these opportunities directly, educators must join with parents and other members of the community to ensure all children and youth have access to experiences that will build the skills and competencies they need to succeed in life.

A Call for State Action

We have emphasized the importance of a community-by-community approach in ensuring the well-being of families and improving the life chances of our children and youth. However, responsibility for implementing these strategies cannot be assigned to a particular agency or level of government; it is shared by our entire nation. State government in particular has a crucial role to play.

State government is uniquely positioned to see that relationships across sectors and among the various levels of government are reoriented in ways that improve outcomes for children and their families. Guaranteeing the success of all young people and their families will require exceptional organization of the resources controlled by different agencies and organizations at the federal, state, and local levels. Thus, in addition to bringing coherence to state-level efforts, state agencies must ensure that collaboration extends vertically as well. State governments must work with localities and the federal government to develop systemic plans that will undergird collaborative action. These plans must specifically outline responsibilities at all levels of government for assuring consistent and productive mobilization of resources.

Working closely with the federal government will be particularly important in bringing coherence to the federal, state, and local contributions in a seamless system of supports for families. Federal legislation and rules often dictate the way resources can be applied at the state and local levels. We must ensure that federal programs contribute to an overarching strategy that strengthens families. In many cases, this will entail working with the Congress and Executive branch to reform and decategorize federal funding streams to provide greater flexibility at the state and local levels. Stronger linkages must be built among Chapter 1, Headstart, and other programs serving children and families. We must carefully examine proposed legislation to determine how it advances our goal of success for all.

If collaboration is to prove a truly effective strategy for improving outcomes for all children and families, state government must establish a vision and implement standards. State government must then take the lead in developing routines and practices that promote collaboration to reach that vision. Whether by executive order or legislative mandate, state governments must require and reward collaborative, cross-sector planning and implementation of services for children and families. Through assignment or assumption of responsibility, state agencies must take the lead in seeing that collaborative action results in the achievement of specific goals and outcomes. Over time, such leadership will institutionalize the process of jointly conceiving and implementing strategies to realize common goals for children and families.

State agencies must stay informed about strategies that other states are employing to improve services and support through collaboration. Activity in this area is becoming widespread and a number of states are experimenting with policies and practices that are showing early signs of success. Many may be transferable to other states with appropriate modifications to meet unique local and regional circumstances.

If collaboration with other systems is to become deeply rooted, state education agencies and other state agencies concerned with children and families must systematically reassess their internal organizations, practices, and use of resources. This analysis should result in a strategic plan to ensure that each agency is contributing as efficiently as possible to an over-arching system of support. Individual agency decisions should be made with consideration of shared goals and reciprocal effects of actions. State agencies must seek points of leverage—in funding streams, staff development, connections among key leaders, information management, and governance structures—that will allow models of successful, innovative practice to become standard operating procedure.

Rethinking state-level connections and the structure of state agencies has the potential to create a climate in which local efforts to support children and families can thrive. However, state agencies must take direct action to help communities redesign local service delivery systems as well. Some communities may need encouragement to recognize the value of undertaking the difficult process of offering a broad, coherent, and flexible array of services and opportunities to young people and their families. States must ensure that all communities—particularly those most hesitant to address pressing problems—have the resources and expertise available to meet the challenges of implementing the strategies we have outlined. State government must observe the results of local efforts, staying alert for difficulties and challenges that cannot be easily overcome at the local level. The state's monitoring effort must be accompanied by a willingness to change the way state agencies operate and allocate resources, as appropriate.

Communities will need technical assistance in creating support systems that are responsive, flexible, prevention-oriented, and family-centered. Technical assistance can be provided either by a consortium of state agencies or the formation of public/private intermediary groups. Regardless of how such efforts are structured, state agencies must ensure that their staffs have the requisite levels of fiscal, organizational, and political expertise to assist communities in devising individualized strategies to improve the nature and quality of the support afforded to children and families. Agency directors, managers, and program staff who are responsible for providing technical assistance will need to learn new skills and learn how other systems operate. Position descriptions and performance evaluations will need to be altered to reflect new responsibilities.

Assistance provided by states will necessarily vary according to local needs. State government can provide funds or help communities obtain foundation funds for use as start-up money to lay the groundwork for local efforts. State agencies can serve as clearinghouses to disseminate information, link similar initiatives, and connect local efforts to needed expertise.

Many communities will want help developing positive outcomes and indicators that can be employed at the local level. Although these outcomes should not be imposed from above, neither should every community have to start from scratch in developing outcomes and indicators.

Individual states should provide leadership in setting standards of well-being and achievement for all young people against which all appropriate agencies and organizations can be held accountable. These

individual state efforts should build on and be integrated with national work on defining and developing indicators and measures of school readiness and other aspects of well-being and achievement (e.g. the National Education Goals, KidsCount). Each state should also develop regular data collection and reporting procedures to track the overall condition of children statewide. Management information systems can also be used at the state and local levels to monitor progress toward positive outcomes and to inform changes in state and local policies and programs.

State government must look toward converging categorical funding streams, lessening administrative burdens such as eligibility determination and shifting public dollars into preventive and developmental services. In many cases, this will entail working with the federal government to reform and decategorize federal funding streams. State government can also waive regulations inhibiting cross-sector activity, as long as waivers do not infringe on civil rights. To increase local options further, states can seek waivers in the administration of federal programs. States may also consider providing statutory authority to form local governing bodies empowered to implement collaborative strategies to improve the well-being of children and youth. Care must be taken, however, to ensure that deregulation strategies do not result in a net loss of services or decreased accountability.

To a large extent, a locality's ability to ensure improved outcomes will depend on its capacity to rise to the organizational and institutional challenges posed by collaborative efforts to improve community support systems. New systems of preservice and inservice training are needed so that local policymakers, administrators, and practitioners can successfully operate decentralized, flexible programs. State agencies, along with institutions of higher education, should jointly develop training programs that cut across organizational and professional boundaries. Training programs must promote sensitivity to the diverse needs of families and ensure that professionals have the same high expectations for all children.

Conclusion

The Council of Chief State School Officers is dedicated to assuring that all students succeed in life. Improving the quality of American education is crucial if we are to achieve this objective. Student success, however, can no longer be seen solely as a function of academic achievement. The social and economic imperatives of the 1990s require joint action by all those concerned with the well-being of our nation's children and youth.

An unprecedented opportunity exists for developing a common vision of what we as a nation want for our children and for mobilizing our collective resources to realize that vision. This opportunity is enhanced by a climate of reform among the systems that serve our nation's children families. We will continue to work closely with other organizations and individuals concerned with the well-being of children and families to promote more strategic and systemic approaches to improving outcomes for all Americans. We are committed to bold, collaborative action to fulfill the promise of the principles and strategies offered in this statement and thereby guarantee the futures of all of our nation's young people.